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PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I.—*History of the Asiatic Cholera at Quarantine, Staten Island, New-York, in December,* 1848, *and January,* 1849. By JOHN W. STERLING, M. D. &c. Assistant Physician Marine Hospital.

THE first appearance of the Cholera at Quarantine, Staten Island, was on the 2d December, 1848. Prior to this date there was no premonition on this side of the Atlantic, of its intended invasion; none of those indications which heretofore have been regarded as heralds of its approach were apparent: at least its immediate advent was not apprehended by the physicians of the Marine Hospital; for no preparations had been made for its reception.

While, therefore, apparently secure, suddenly was it announced to us at the Quarantine that a ship, with the cholera on board, was lying off in the stream. The packet ship New-York, from Havre, had cast anchor within the Quarantine buoys on Friday night, the 1st of Dec. and early the next morning was visited by Dr. Harris, the Deputy Health Officer.

The commander of this vessel was Capt. Lines. He set sail from Havre on the 9th November, with 385 passengers, of whom 21 were in the cabin, 331 in the steerage, and 33 constituted the crew. On boarding the vessel, it was ascertained by Dr. Harris that seven of the steerage passengers had died during the last week of her voyage. That a disease resembling the cholera-morbus, and supposed by the captain to be of this character, made its appearance among the steer-

age passengers, who were Germans and French from Havre, while the vessel was at sea, not far from Cape Sable. On this point, however, we will cite what Dr. Whiting, the Health Officer, reports:—"At the time the first cases occurred the ship was in N. lat. 42°, long. 61°, about 140 miles S. S. W. from Sable Island. On the 23d and 24th, the two days preceding the appearance of the cholera, the wind was N. N. W.; on the 25th it changed to the southward, with squalls and rain. In the morning the barometer was 30 inches, and fell during the day to 29½ inches; thermometer 60° of Fah. Sunday and Monday wind westerly and fresh; Tuesday 28th, moderate from N. W.; barometer 30 inches: thermometer 32°."*

The ship, as I have just stated, dropped anchor on Friday night, and on Sunday afternoon all the steerage passengers (with the exception of one individual, who went to the city, and eleven others who had been previously sent up sick with the cholera to the hospitals on the hill, concerning whom I will speak more particularly by and by,) were brought ashore. The weather, since the arrival of the packet ship New-York, had been wet and quite uncomfortable, and there was no immediate prospect of its change. These passengers, for the most part, had resided a considerable length of time at Havre, where, at the time of their embarkation, there was no existence of the cholera. They were landed at the public store dock; and the north public store, and the basement of the south public store, were set apart for their reception.†

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* See Dr. Whiting's report on the subject of the Asiatic Cholera, &c. p. 11.

† The north public store is two stories high besides the basement, which is below ground, and the attic which has six sky lights. It is 116½ ft. long by 36½ broad, in the clear, the walls being about a foot thick. The heighth of the ceiling of the first story is 9 feet, eight feet only to the projecting planks, above which are two or three feet asunder. It has seven windows, three large folding doors, a large hatchway above, and two stair ways communicating with the second floor. The second story is 6½ feet high to the beams, 7½ to the ceiling, has two hatchways to the attic above, and stair ways and eight windows.

The south public store is four stories high, including the basement which is above ground. This basement is about 90 feet long, by 42 wide. Its heighth to the ceiling is 9½ feet, to the beams above 8½ feet. It has four windows and four large folding doors. The upper stories of this south store were subsequently converted into the cholera hospital. The apartments extend the whole length of the buildings.

Immediately the most efficient measures at command were adopted to render them comfortable. Beds, bedding and bedsteads were provided; means for obtaining an adequate supply of food immediately resorted to; and the three hundred or more emigrants soon conducted into, to say the least of them, well sheltered domiciles, in which, doubtless, they were quite as well accommodated as they had been in the steerage of the vessel from which they debarked.

To Dr. Da Cunha's supervision the charge of the public stores was committed, and in the apartments mentioned were stowed, with as much order and neatness as circumstances permitted, male and females, old and young, beds, bedding, chests, bags, and boxes: for it was impossible to separate these passengers from their property.

At the time of landing the weather was wet and chilly, and the greatest anxiety was to get them under shelter immediately, and make them warm and comfortable, so that very little opportunity was afforded at that time for washing and drying their garments, and had there been any fomites adherent thereunto they were of course brought into the tenements which they occupied. Besides, they had daily, if not hourly, access to their luggage, so that any infectious matter lurking within them could freely escape, and, if possible, contaminate the surrounding atmosphere. As to ventilation of the apartments occupied by the emigrants, it must have been very inefficient; the doors being generally kept shut, unless for ingress and egress. The long chambers extending the whole length of the building; their low ceilings and projecting timbers must have precluded a free circulation of air, and detained much that was noxious: so that, considering the state of the atmosphere in which these persons were immersed, it is a matter of surprise that the cholera did not make wider havoc among them. Besides, the apartments being dark and gloomy, the weather often preventing exercise out of doors, the incarcerate condition of the inmates must have rendered them despondent,* and consequently more susceptible to its attack. Of all the sanitary measures, therefore, adopted, probably none were better calculated to enable the constitution to ward off this malady than the wholesome

* It is evident that these emigrants found their confinement irksome. On

provisions with which they were liberally supplied, and that the supply was ample was evident from the quantity of fragments which were wasted.

I must not omit mentioning that, at a much more advanced stage of this visitation, Prof. Grant's Disinfecting compound was freely used at the public stores; but how far the expulsion of the cholera therefrom was attributable to this agent, I do not presume to say. Hereafter I will have occasion to say more about it, as it subsequently came under my immediate inspection.

On the 3d of December the third and fourth stories of the south public store were converted into cholora hospitals, about one hundred of the former inmates—convalescents—still remaining in this building. In the afternoon nine patients were transferred to them from the hospitals, or shanties, on the hill, which patients had been sent up to these shanties from the ship New-York, in the morning, and on the 2d, sick with the cholera. Two others were also sent up at the same time, but died before the transfer was made. For the sake of brevity I will set down the admissions into the cholera hospital in a tabular form, viz :—

On the 2d December, admitted into the shanties on the hill, from the ship New-York, 6 cholera patients.
do. 3d do. do. do. 5 do. do. of whom 7 died.
(The above were transferred to the Cholera Hospital, except the two who died on the hill.)

On the 4th December, admitted to the Cholera Hospital, South Public Store, 4 cholera patients, of whom 3 died.

do.	6th	do.	do.	5	do.	do.	do. 4 do.
do.	7th	do.	do.	3	do.	do.	do. 3 do.
do.	8th	do.	do.	3	do.	do.	do. 0 do.
do.	10th	do.	do.	2	do.	do.	do. 1 do.
do.	11th	do.	do.	1	do.	do.	do. 1 do.
do.	12th	do.	do.	3	do.	do.	do. 1 do.
do.	13th	do.	do.	4	do.	do.	do. 0 do.
do.	14th	do.	do.	6	do.	do.	do. 4 do.
do.	15th	do.	do.	5	do.	do.	do. 3 do.
do.	16th	do.	do.	3	do.	do.	do. 2 do.
do.	17th	do.	do.	5	do.	do.	do. 1 do.
do.	18th	do.	do.	1	do.	do.	do. 0 do.
do.	19th	do.	do.	1	do.	do.	do. 1 do.
do.	20th	do.	do.	2	do.	do.	do. 0 do.
do.	29th	do.	do.	1	do.	do.	do. 1 do.
do.	31st	do.	do.	1	do.	do.	do. 0 do.
				61 cases.			32 deaths.

or before the 14th of December, when the Cholera was at its heighth at the public stores, they began to elope in squads. Sometimes twenty or more passed over the walls in one day, including women and even children, carry-

Fifty eight of these were from the ship; of the other three, one was Mary Ann M'Cabe, formerly an assistant nurse in the hospital. At the time of being seized with the cholera she was at the public store, laboring under great debility from necrosis of the bones of the fore arm. She was attacked at half-past seven P. M. of the 6th with violent vomiting and purging of a rice-water fluid, and other symptoms of cholera. She died in about twenty hours. Another was Henry Fromen, a German, admitted into the hospital in October. He was attaked on the 6th, also, and died in less than four hours. The third was Mrs. McKenna, a nurse in the cholera hospital; a few days after commencing her duties (29th) she was taken down with the disease, and died on the 20th January from congestion of the brain.

For the sake of precision I must revert to the time when the first patients were sent from the ship New-York to the Marine Hospital. According to information received from Dr. Gallaer, four male passengers sick with the cholera, were, on the 2d December sent up to the middle shanty, (which is situated on an elevated part of the quarantine grounds,) and on the 3d two more. On the 2d Dr. Alden received three and on the 3d two more; of the latter, two died in the hill-shanty, the other nine were transferred to the cholera hospital at the public store, which was committed to the care of Dr. John Gallaer, who continued to have the charge of the patients, there until the disease ceased.

From the 3d to the 20th December the shanties, or hospitals on the hills, into which the above cases were admitted, remained free from the cholera.

To Dr. Hubbell's hospital, also on the hill, a man who was convalescent, was sent up from the public stores on the 6th of December. He was seized with the cholera the next morning, was immediately sent back, and died the same day. Only one more case occurred in Dr. H.'s hospital, and that not until the 20th of December. This last was a German, re-

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ing at least a part of their effects with them. By this means the number sequestered was reduced about one half; the most enterprising escaping to the city of New-York or adjacent villages. One of the Germans who is said to have gone to the city in a small boat, was sent back the next morning sick with the cholera. He was previously in good health.

cently from New-York, who had not in any way communicated with the cholera-patients. This man recovered. Finally, in the hill hospital, in charge of Dr. Da Cunha, three of the old inmates were attacked with this disease on the 6th, 7th and 8th of November, after which no new cases broke out therein until the 21st of said month.

On the 6th of December the convalescents—old inmates—who had for a considerable time been tenants of the public stores, were sent to the other hospitals, and distributed as follows, viz:—

To the main, or lower hospital, . . . 6 convalescents, which then contained about 110 patients.

do.	Hill	do.	40	do.	do.	180	do.
do.	Dr. Alden's	do.	20	do.	do.	100	do.
do.	Dr. Gallaer's	do.	15	do.	do.	80	do.
do.	Dr. Hubbell's	do. about	9	do.	do.	60	do.
do.	Surgical	do.	10	do.	do.	68	do.
Total sent from the Public Stores on the 6th.			100	Total in all the hospitals.		598	do.
Which, added to the emigrants brought ashore from the packet-ship New-York, ...						300	do.

would make the whole number of inmates in the Marine Hospital 898 exclusively of the patients in the Small-pox Hospital, officers and subordinates.

As next in order, I will take up the Main, or Lower Hospital, placed under my immediate care, as it was in this building, the cholera appeared in its onward course.

The lower hospital is situated about 325 yards in a south-westerly direction from the public stores, nearly on the same level with them, and but a few feet further from the water, especially if we measure to the place from which, within a few years, it has been filled in. The other hospitals are at an elevation of about thirty or forty feet above this, and in a north-westerly direction from it.

On the 6th of December six convalescents from the public stores were transferred to the hospital. They were admitted into Ward No. 3, in the upper story of the building, and were not permitted to enter the other apartments. So far as I could ascertain, they implicitly complied with this prohibition.

On the night of the 6th *Isabella McNeil*, a patient in Ward No. 4, aborted. She had been greatly debilitated by previous dysentery, diarrhœa and depression of spirits from sad bereavements, and her mind was completely unhinged, so

that it seemed impossible for her system to sustain the shock of any further misadventure. Abortion, therefore, and its consequences prostrated her beyond endurance, and she sank on the morning of the seventh. So striking were the symptoms which ushered in her death, so characteristic of the collapsed close of the cholera patient of 1832, that I called in one of the assistant physicians to note their peculiarity. I will not say that Isabella McNeil died with symptoms of the cholera, for without their aid there was ample cause for death. Nevertheless, her appearance brought to mind an old acquaintance, and led me to look for his speedy advent.

Four days after her death, *Judith Smith*, 20 years of age, a patient in No. 2, directly underneath No. 4, while convalescing from bronichitis, able to rise from her bed and sit up only the day previous, was attacked with the cholera. She was seized with this disease about 11 o'clock, A. M. of the 11th and died on the 14th at 1, P. M.

December 12th, *Mary Kelly*, aged 19 years, in Ward No. 3, while slowly recovering from typhus fever, was seized about noon, with violent vomiting of a rice-water colored fluid, and other concomitant symptoms of cholera, with the exception of purging. She recovered.

These two cases are related in full in the Annalist, and are the only cases in which I employed, throughout, Stevens' Saline solution. From its decidedly beneficial effects in restoring or sustaining the animal heat, in allaying thirst, cramps of the stomach, and in diminishing the vomiting, I much regret having abandoned its use (or that of other salines) for more popular but far less scientific remedies. I am persuaded that, depriving cholera patients of cooling drinks is a false notion. It is what they crave, what they incessantly call for, and in later cases wherein I permitted patients to drink it, I have had no reason to regret such permission. I recall to mind the case of a man who, in 1832, while under collapsed cholera, escaped from his ward in the New-York hospital, with no covering but his shirt, in the night, went to the pump and drank his fill. He took no other medicine and recovered. As the salts of the blood are freely thrown off in this disease, the propriety of adding some saline, in moderation, to the cooling beverage, is evident.

Bridget Cullen was attacked next. She was admitted directly from the ship Sarah Bridge on the 14th December, and placed in the south room of Ward No. 4, a room entirely distinct, and at a considerable distance from the other cholera patients. On her admission she complained of being cold and weary. She was immediately put in bed, covered with warm blankets, and ordered generous nutriment. On the 15th, the bowels being confined, an eccoprotic mixture was given, which seemed to operate favorably. All that she complained of was coldness and debility. Indeed these, with inertia, were the only prominent symptoms. Her appetite was very small, but there was no indication of organic disease or disturbed function. On the 18th, however, the functions were disturbed; during the night she was attacked with violent vomiting and purging. At half-past eight, A. M. of the 19th, I found the evacuations persisting; her eyes deep in their sockets, nose pinched, features collapsed, and instead of the plumpness of the body perceived the day before, it was shrivelled: the color of the face and extremities livid, pulse scarcely perceptible at the wrist, and coldness of the surface. Rubefacients and hot applications, calomel and morphine, calomel and opium, and all that sort of thing, were administered in vain. She died at midnight, about thirty hours from the onset of the cholera.

Ann McAtee, 16 years, one of the convalescents from the public stores, on the 6th of December, was placed in Ward No. 3. A few days afterwards symptoms of Scarlatina presented themselves. She was sent to bed, treated accordingly, and after the febrile symptoms were removed, debility alone apparent, she was permitted to rise. On the 19th a mixture of Infu. Cinchon ℥xij. *c* Vini Madeira ℥iv. was ordered in doses of a wineglass-full three times daily. At ten o'clock she was seized with vomiting, purging and cramps, which for a time were arrested by means of peppermint tea, laudanum, sinapisms and bottles of hot water. At nine A. M. of the 24th I found her cold and pulseless. Hot air was introduced under the bed-clothes, calomel and salphate of morphine given. She died at one o'clock P. M. same day.

Bridget Cannon, also one of the convalescents from the public stores, same ward, attacked on the 19th, had premo-

nitory diarrhœa. Her mouth soon became very sore from mercury. She recovered.

Margaret Monahan, 4½ years, a passenger in the Montreal; arrived and admitted December 6th into Ward No. 4. Had Bronchitis, subsequently Scarlatina. On the 20th, almost well, sitting on her mother's lap, cheerful and playful. On the night of the 21st was seized with profuse vomiting and purging of a colorless fluid, with which her clothes were constantly drenched, so that she could not be kept warm. Other symptoms of cholera present. Cries for cold water incessantly. Treatment, warm stimulating embrocations; hot bottles; mint tea; carbonate of soda and peppermint; kreosote occasionally for the vomiting; milk punch and brandy. Died on the 27th, 9 P. M. with symptoms of congested brain.

Ann Brennon went to the public stores to work on the 6th December, but from timidity soon returned. She was in Ward No. 4. On the night of the 21st December, she was attacked with violent cramps, vomiting and purging, for which, and with temporary relief, the nurse gave her copious draughts of mint tea; applied mustard cataplasms to the abdomen, and hot bottles to the extremities. Early next morning I found her with features collapsed, pulse extremely small; ejections and dejections very frequent; surface cold, extremities livid. She was apparently in full health prior to the attack, and recovered in eight days. Calomel and morphine were administered in moderate doses every three hours.

Catharine Welsh, 38 years of age, in Ward No. 4, was delivered of a male child December 3d, which lived four days. While recovering from the puerperal state, sitting up in bed, she was, on the 22d December, attacked with severe pain in the stomach; distressing, burning sensation and great oppression at the precordial region. Has frequent, copious whey like dejections and ejections; features not bad; pulse good. Ordered: Cal. 5 grs. Sulph. Morph. ¼ every three hours. During the night the discharges from the bowels were almost incessant, and so continued throughout the 23d; but afterwards diminished in frequency and became greenish, or of a copperas color. Her countenance now became much darker, typhoid symptoms ensued, and she died on the 3d January with indications of congestion of the brain. She was much distressed

with hiccough, and severe convulsions were not infrequent during the 36 last hours of her existence. Treatment—carminitive mixture; Seidlitz powders, kreosote, mint tea, blisters, milk punch; brandy and water, chickens oup and farina for nutriment.

Bridget Fitzsimmons, aged 23 years, arrived in the ship Charlotte, admitted into No. 4, with dysentery, December 15. On the 18th the state of her bowels being very much improved, though debility was great, she was ordered a wineglassfull of Infusion of Bark with port wine, two parts to one, every six hours. On the 20th she had frequent copious rice-water dejections; on the 23d frequent vomiting and purging, which abated greatly on the 24th. 25th, the throat was exceedingly painful and highly inflamed; for the removal of which state a strong solution of Nitrate of silver was applied, and the Mistura Guaiaci administered. December 30th, Erysipelas attacked the left side of the face and ear, gradually invading the scalp of that side. January 3d Scalp of the right side affected, the left scaling off. February 5th, Inflammation of the velum, uvula and tonsils, for which a gargle of the Tinct. Capsici was ordered. 8th. Says she is choking, and has a swelling in the throat which she can feel with her finger. Discovered a large tumor, semi-spherical, of a deep red color, tense, resting upon the basilary process, and blocking the pharynx. Punctured it with a bistoury, pus was ejected with force, and the tumor collapsed. On the 10th, the swelling has disappeared and she swallows with ease. 14th. Has a purulent discharge from the left ear, with pain, for which a blister was ordered. 16th. Better, daily improving. April 3d. Discharged, cured.

The treatment was, in the early stages, with Calomel and Morphine; afterwards it was varied p. r. n.

Jane Nevins, assistant nurse of No. 4. After diarrhœa of three days was attacked with the cholera on the 27th December, at $2\frac{1}{2}$ o'clock, P. M. At $3\frac{1}{2}$ I found her in bed purging and vomiting profusely and almost incessantly, with violent cramps in the hands, legs and feet, and an intolerable burning sensation in the thorax. Her agony was intense. Bottles of hot water and sinapisms, embrocations of different kinds were applied; air, heated by means of the spirit lamp, introduced

under the bed clothes: calomel, capsicum and camphor administered but not retained, for during many hours every thing was rejected as soon as swallowed. At length $\frac{1}{4}$ gr. of morphine was retained and she slept quietly for three hours. She then awoke free from suffering, calm, collected; disposed of her little property, rapidly sank and died at $8\frac{1}{2}$ A. M. of the 29th.

Bridget Murphy, ætat. 19, arrived in the Rosalinda, admitted with fever 19th December, and put in the North room of Ward No. 1. On the 22d the febrile symptoms were followed by a scarlet efflorescence, which gradually declined, and feeling much better on the 27th, she was permitted to rise and put on her clothes, though still debilitated. In the afternoon she was attacked with vomiting, the pulse became very feeble, her voice scarcely a whisper; eyes sunk deep in their socket, nose pinched; skin of the face, body and extremities of a very dark hue; passages from the bowels said to have been two, rather yellow.

Ordered, ℞. Submur. Hydrarg. ℈j. Sulph. Morph. $\frac{1}{4}$ gr. statim, warm bottles to the feet; mint tea. $10\frac{1}{2}$ P. M. vomiting more frequent; fluids, like rice-water, ejected. ℞. Pul. Capsici, ʒj. Submur. Hydrarg. Pulv. Camph. *āā*. ʒss. ft. pulv. No. vi. unum om. ter. hor. 28th. $8\frac{1}{2}$ A. M. vomiting persists; skin of a leaden color; surface cold, pulse perceptible, no cramps; contin. remed. $3\frac{1}{2}$ P. M. countenance clearer, tongue warm; surface warmer; vomits but seldom; pulse stronger; voice louder; feels better; ℞. Pulv. Capsici, Camphoræ *āā* gr. xij. Submur. Hydrarg. grs. vj. ft. pulv. No. iij. un. om. 4ta. hora. 10 P. M. continues better, still no urinary secretion; voice and pulse stronger; skin and tongue warm; one alvine dejection, thick, greenish; ordered farinaceous food.

29th. $8\frac{1}{2}$ A. M. Vomiting has not returned since yesterday afternoon; three alvine dejections in the course of the night, greenish and of the consistence of thick mucilage: says she feels comfortable; skin pleasant; pulse stronger; tongue rather cool; countenance dark; lips blue; no secretion from the kidneys. Repeat the powders as last directed: arrow-root as nourishment. $1\frac{1}{2}$ P. M. A red efflorescence on the skin, which disappeared in the course of the day; skin warm; pulse slow, full, soft; countenance sunken; nose pinched; lips purple. One small thick dejection of the natural color. January 3d, has taken no nourishment daily since last report. The skin

skin is now of a dark red; tunica conjunctiva red; feet cool; and typhoid symptoms apparently advancing. ℞. Nitras Potassæ 3j. Pulv. Camph. Submur. Hydrarg. *āā.* gr. vj. ft. pulv. No. viij. ter in die. Bottles of hot water to the feet. January 4th. Reaction. A scarlet redness diffused over the body; eyes red and painful; headach, sore throat; increased heat; frequent pulse; thirst. Ordered Spts. Mindereri; flaxseed; arrow-root.

In two or three days the cuticle became dry, harsh, and cracked, desquamating on the arms, body and legs, and peeling from off the hands and feet in plates; the cutis soon resuming its bright natural hue. Medicines were now dispensed with, and more liberal diet allowed.—For a while, this girl seemed to improve; her appetite and strength increased daily; but she was frequently indisposed, occasionally from cough, or disordered bowels, so that she seldom was able to sit up but a few days at a time; at one time her color would be remarkably white, and again very dark for days in succession; at length she became greatly emaciated, cachectic, and died on the 24th of May, (as stated by the physician who has recently attended her,) with ulceration of the bowels.

Certain peculiarities attendant upon the foregoing case have induced me to transcribe it fully from my notes, and this must be my apology for so doing. This was the first case of cholera in Ward No. 1. The patient had been confined to her bed since her admission until she was seized with vomiting, when weary of the bed, she was allowed to sit up for a little while. The scarlatina had barely run its course; no desquamation of the cuticle had taken place when the cholera set in. There was also a modification in the cholera which supplanted it: the dejections were few, seldom of a rice-water color, yet the other symptoms were the same precisely with those which presented themselves in other cholera cases. It seems that the peculiar efflorescence spoken of has also been noticed by Dr. Müller, who, in his reports of the cholera at St. Petersburg in 1848, says, that in the "*stadium reactionis*, Erysipelas faciei, furunculus, and a peculiar exanthem (which consisted of red spots, running a course of from one to three days, and terminating in extensive epidemic desquamation) often followed this stage."—In the foregoing cases are related

all the symptoms which presented themselves among the cholera patients under my care at quarantine. Cramps were frequently absent; a very distressing burning sensation in the thorax was often complained of, and sometimes this distress was referred to the scrobiculus cordis: vomiting was sometimes absent almost in toto; and again the dejections were few in number; hiccup occasionally presented; aphonia was constant, except in those who had not reached the age of puberty, in whom the voice was sometimes remarkably shrill and resonant: the countenance in almost all was dark; in children however pale and ghastly; no urine was secreted until a crisis took place, and its appearance did not always indicate recovery: it generally however, was a happy omen except in cases which were followed by consecutive fever. I did not notice those muscular contractions, extension of limbs, &c. after death, which were visible in 1832, and were so horrible to behold.

I shall now give a cursory glance at the remaining cases which came under my charge. Choleroid cases were neither recorded nor reported.

We have now arrived at the period when the cholera reached its acmé at the main hospital, and fortunately this period was short.

Catharine Smith, aetat 26, admitted, November 25th, with typhus, afterwards had rheumatism, almost well, but debilitated, was sitting up when attacked about one o'clock, A, M. December 29th, with copious rice-colored ejections and dejections. So prostrating were their effects that she fainted. She died at $11\frac{1}{2}$, P. M. Principal remedies, heated air, stimulating embrocations, sinapisms, camphor, calomel, and capsicum.

Bridget Clark, in the same room, aetat thirteen, seized with cholera at 10 o'clock, A. M. of the same day; died at 10, P. M. of the 29th. Treatment same as the last. Rejected all her medicines.

Catharine Mahoney, also in the same room, an emaciated hectic subject, was attacked through terror at the moment Catharine Smith died. Hot air applied. Internal remedies rejected. Died at 9 o'clock, A. M. of the 30th.

Mary McDermott, in No. 2, an old inmate of the hospital,

almost exhausted by previous disease, attacked on the night of the 29th; died a few hours after the former patient. In the way of remedies nothing but stimulants externally and internally could be resorted to; her vital energy was almost gone before she was seized with the cholera.

Rachel Tovay, in the same room with the former; apparently well, walking about the ward at 10 o'clock; was attacked about 1½ o'clock of the 30th, and died in five hours. Heated air applied, calomel, camphor, capsicum, &c. all rejected.

Sally Carter, assistant in the kitchen, attacked December 31st; removed on the 2d January to Ward No. 3. Recovered. This woman had violent and protracted paroxysms of hysteria at the commencement, for which large doses of the tincture of assafœtida and emetics were given with much benefit.

The 30th December was truly a dismal day, both within and without doors; yet it may be considered as the finale of the cholera visitation at the lower hospital; for soon the wind changed, and on the 31st the thermometer fell 10°; that is down to 21° of Fahrenheit: it became colder still on the 2d and 3d of January, when the mercury sank to 9°. Two cases more, though some of the diagnostic symptoms were wanting, may be considered as occurring after this date. A woman and two children were brought into this hospital from the ship Ohio, (a ship which sent in a host of patients with typhus fever,) on the 4th January, and placed in beds directly opposite to Sally Carter. They were in a very weak condition. On the 6th the mother was seized with vomiting and purging of rice-colored fluids, which were occasionally checked by carminative mixture and wine negus. Her countenance was pale instead of being dark or livid. She was so much exhausted that she seemed to be unconscious of her sufferings, and utterly helpless. She died on the 9th. Her eldest child died on the same day. This child had a ghastly, cadaverous appearance; her features collapsed, and body cold: little or no pulse for 24 hours previous to death. Excitement or stimulation was utterly impossible. Vital energy could not be roused. She sunk without visible distress, without any morbid secretions or excretions. I do not positively say that this last was a case of cholera, and probably would

not have had the slightest suspicion that such was her disease, provided she had not been in the same room with two or more cholera patients.

With these last three cases (which were not reported, as it would not have been prudent to excite any further panic) the number of individuals, subjects of the cholera in the lower hospital was 19, of whom 13 died. A very large mortality, owing, in some measure to the state of the patients at the time of seizure.

The other hospitals visited by the cholera are on much higher ground than that of which I have just spoken. After the first patients were removed, on the 3d of December, to the hospital at the public store, no reappearance of the disease took place in them, (excepting three cases in the hill-hospital on the 6th, 7th and 8th,) until the 20th of the month.

In the Hill Hospital, which during the month of December contained on an average 180 patients, some of them two in one bed, there occurred on and after the 21st, 12 cases of cholera, 6 of whom died.

In Dr. Alden's hospital, after the 20th, 5 cases, 3 deaths.
" " Da Cunha's surgical shanty, " 6 " 1 "
" " Hubbell's hospital, " 1 " 0 "

This last was the German already spoken of.

In the above hospitals no case was reported later than the 28th of December, excepting one William Dickson, who, it was said, sickened with the cholera on the 5th of January, and died on the 14th. I speak now of its first visitation; for it broke out again in the public stores in the first week in April, and in the upper hospitals in May, and up to the present date, May 30th, has numbered its 43 victims. In the first period none but emigrants were attacked. In summing up we find the aggregate thus:

Steerage passengers of the ship New-York, seized with the cholera in December, ...	58	29 died.
Other inmates, patients in the Marine Hospital, do.	48	25 do.
Total cases,	106	54 deaths.

With respect to the state of the weather, it was so mild until the 22d December, that the furnaces of the lower hospital kept the wards at a comfortable temperature; on

and after this date it became necessary to kindle fires in the different apartments.

The following table is condensed from the Meteorological Register of the New-York City Hospital. The distance from the Marine to the New-York Hospital is seven and a half, or not exceeding eight miles. In winter, however, it is about two or three degrees warmer at Quarantine than in the city, owing, probably to the more immediate influence of the sea-breezes. Fogs are much denser and more frequent at the former than the latter locality.

AVERAGE OF THERMOMETER AND BAROMETER.—QUANTITY OF RAIN.—PREVALENT WINDS.	From Dec. 3d, 1848, to Dec. 11th—10 days.	From Dec. 12th to Dec. 21st—10 days.	From Dec. 22d to Dec. 31st—10 days.	From Jan. 1st, 1849, to Jan. 4th, inclusive, 4 days.
Average range of the Thermom[e]ter.	53 1-6°	45 1-3°	30 4-5°	20 5-6°
highest degree.	68°	64°	46°	34
lowest "	40°	35°	21°	* 9°
Average range of the Barometer.	30in.	29 99	30 11	29 92
highest No. of inches.	30 24	30 19	30 40	30 20
lowest " "	29 63	29 83	29 63	29 70
Quantity of rain fallen.—Inches	0 40	0 47	5 50	0 00
Prevalent winds, ratio of easterly to westerly.	E. to W. 8 7	E. to W. 3 2	E. to W. 17 13	W. and N. W.

* 2d and 3d January.

On the afternoon of the 22d December Professor Grant's Disinfectant was distributed throughout the several wards of the lower hospital; and, if productive of no other benefit, evidently served to allay much apprehension by inducing the patients to believe we were doing something to expel their invisible enemy. But the use of this anti-septic did not preclude strict attention to ventilation and cleanliness, which, doubtless, are the most efficient disinfectants. I am persuaded that the death blow was given to the cholera by the severe weather which commenced on the eve of the 2d of January. The stroke was sudden, overpowering, and inflicted at the very moment the cholera had reached its acmé. The nurses were in a panic, and some talked of resigning: but as soon as the weather became cold, their apprehensions were allayed. Nevertheless, Professor Grant attributes the expulsion of this malady from the public stores on the 20th of December, to the

use of his disinfectant. It is true the disease ceased to occur there after this date, although there still remained food enough to feed and cases enough to propagate it. I have no desire, therefore, to detract from the merits of this agent, still its use should not interfere with free ventilation and thorough ablution.

We will now recapitulate what we have said in relation to the course of the cholera at quarantine. On the 2d and 3d of December 11 patients were sent up to the hill hospitals, with their effects, directly from the ship New-York, laboring under the cholera. On the afternoon they were transferred, with the exception of two of them deceased, to the cholera hospital at the public stores. The disease did not reappear at these upper hospitals (notwithstanding 94 convalescents, who had been for several days in contiguity with the German and French emigrants, were distributed throughout their wards then crowded with patients, on the 6th of December) until the 20th of said month; whilst it appeared in the lower hospital, adjacent to the water, on the 10th of December, to which hospital six convalescents only were sent. Besides, when it did break out in the lower hospital it did not originate with the convalescents admitted, nor in the ward in which they were located, but in the story below it and on the opposite side of the building, and afterwards skipped about from ward to ward, without any regard to contiguity, until it reached its acmé.

There was one very mysterious circumstance noticed in the late visitation of the cholera at Quarantine, if we view it with the eye of the contagionist, I allude to its restricted limitation, or insulation. By this I mean to imply that the cholera was confined to the Quarantine enclosure. It did not overleap its barriers. Notwithstanding more than one hundred of the emigrants landed from the ship New-York, scaled the walls and fled to the city, or adjacent villages, this disease would not accompany them; neither did the numerous visiters, whom curiosity or humanity incited to visit the hospitals receive or convey it. Also, as I am credibly informed, as soon as these emigrants were brought from the vessel, so soon did the cholera abandon it. The crew, who remained on board, who scrubbed and cleaned the planks, broke up the bunks in

which the steerage passengers had slept for weeks, and ventilated and fumigated the hold or between decks, did not contract the disease, but remained quite healthy. The cabin passengers, who with one of the steerage, went direct to the city, with their effects, did not suffer from the disease nor communicate it to others. From the foregoing, then, we are naturally brought to the conclusion that if the cholera be contagious, a peculiar constitution of the atmosphere must exist in order to favor its propagation.

It might now with propriety be asked, Why I did not send my cholera patients to the hospital appropriated for them? I answer that, whatever may be opinion now, I did not then view the cholera as contagious; that if we had the peculiar cholera atmosphere around us it would soon invade all the hospitals, and I was therefore averse to exciting unnecessary panic, well aware that this would contribute greatly to extend the ravages of this malady. Besides, in a disease which runs its course so rapidly, every moment of time is precious, and the least delay may put the patient beyond the power of remedies. Also, cholera patients do not bear transportation with impunity.

There is such a striking coincidence between the manner of introduction and duration of the cholera at New Orleans, and its visitation at the Quarantine establishment last winter, that I cannot refrain from noticing a few remarks of Dr. E. D. Fenner on this subject, as published in the Picayune. This narrative tends strongly to corroborate the opinion that the cholera can be introduced into a country by vessels from remote parts, and when so introduced propagated by contagion; an opinion gaining ground daily with some of our most enlightened physicians, even of those whose views were diametrically opposite in 1832.

There is certainly, in the mode of introduction of the cholera in these two places, much to stagger the belief of the non-contagionist, while the testimony on the part of the contagionist is thereby strengthened; yet, if we sift the matter thoroughly, we will find that there was a fortuitous concurrence of incidents well calculated to throw doubt on the one side, while at the same time it confirmed the faith of the other.

The cholera had already prevailed in Europe for a considerable length of time. Its march was still onward and

westward, and as it advanced, according to those who have watched its journeyings, at the rate of 300 miles per month, or thereabouts, we had ground for the belief that it was not far distant.

The ship Swanton sailed from Havre, according to Dr. Fenner, on the 2d or 3d of November. The cholera did not prevail, or even exist there, at the time of her departure, and twenty-six days had elapsed from that period ere a single death occurred on board. The cause of this death was a looseness of the bowels simulating dysentery; and sixteen more deaths occurred from a similar affection before the ship entered the port of New Orleans. But the cholera was prevailing as an epidemic in some parts of Germany, and some of these passengers were Germans; but whether they had recently been in that country, or had abode in the vicinity where this disease was raging, we are not informed: for aught we know to the contrary, they may have overtaken the cholera in its transit across the ocean.

Be this as it may, the Swanton entered the harbor on the 11th of December, with 280 passengers, Germans and French, principally the former. On the morning of the 12th a woman was brought from on board in a state of complete collapse, having been attacked the previous night with violent vomiting purging and cramps, and her disease was pronounced by competent authorities to be a genuine case of Asiatic Cholera. She died at 6 P. M.

On the morning of the 13th, a man who also was a passenger in this vessel was brought into the Charity hospital, collapsed likewise. He had been walking about the city on the 11th, though laboring under a slight diarrhœa. On the 12th he left the ship and went to a boarding house near Podryas market; when brought into the hospital he was cold and pulseless. He died at 6 P. M. on the day admitted. Three other cases were brought in on the same day, from different parts of the city, and died with the cholera. On the 14th December, the Board of Health (N. O.) held a special meeting, in which they announced that the Asiatic Cholera was not in the city.

On the 15th eight cases were admitted into the Charity hospital, and it was reported that cases were occurring in the private practice of several physicians.

On the 16th 11 cases were admitted, and then the disease went on increasing until a panic pervaded the city. The epidemic raged most severely from the 22d to the 30th December, having reached its zenith about the 28th; on which day the deaths by cholera were 96. From the 16th to the 22d the weather was oppressively warm, the thermometer rising as high as 84°. From the 22d it was cool, wet and gloomy, till the night of the 30th when there fell a white frost. On the morning of the 1st January there was another white frost, and from that day the disease declined steadily.

We thus see a striking resemblance between the mode of introduction and the period of duration of the cholera at Quarantine and that of New Orleans, and had the weather been as mild in the former locality as in the latter, instead of its being suddenly arrested on the 1st of January at Qurantine, it would in all probability have underwent, as in New Orleans, a gradual decline. Yet, from the foregoing extract, and from what has been previously narrated, it would seem evident that the cholera was brought into the Marine Hospital by the ship New-York, and into New Orleans by the Swanton. Dr. Fenner, however, thinks that there was a predisposition to the outbreak of this malady prior to the arrival of the Swanton, at least we infer this from the following remarks: "For several weeks previous to the arrival of the Swanton the weather had been changeable, for the most part very warm, though there had been several white frosts. Yellow fever had almost disappeared, and there was but little sickness prevailing; though amongst the existing diseases were observed some remarkable cases of bowel and stomach complaints. On the 5th December I attended a gentleman on Custom House-street, who labored under vomiting, pain and spasm of the bowels to such a degree that, if epidemic cholera had been supposed to be here, no person would have hesitated to pronounce him a case. . . . . Some days previous to this three or four negroes were attacked with cholera morbus on the same night and at the same house in Gravier-street; similar cases were observed in the practice of a number of physicians in different parts of the city, all going to show, as it appears to me, that *the epidemic influence of cholera was gradually being matured and developed in our midst.*" There are other facts presented by Dr. Fenner evincing that the

epidemic constitution of the atmosphere at New Orleans, at the time last referred to, was not quite ripe for the cholera harvest; for opportunities of introduction had already been afforded by the arrival of vessels from Germany, prior to the 11th of December, where, at the time of embarkation, the cholera was raging; and notwithstanding many died from this disease on the passage, not a single case was introduced into the city, its atmosphere not being ready for its reception.

Notwithstanding all that has been previously narrated, facts have this day (May 31st) been brought to my knowledge, which seem to settle the question of the contagiousness of cholera.

On the evening of the 29th a little German girl was brought into the lower hospital, Ward No. 1, under the care of Dr. Bruninghausen, with cholera, from the ship John Hancock, just arrived from Havre. On the next morning her mother was also brought in collapsed, and died in the evening. Afterwards two other females, old inmates, were seized with the same disease, and now, in less than two days, four more cases. The little girl was removed to a different room last night, and this morning the young woman in the bed next to her is attacked with this malady. It has not yet invaded the other wards of this hospital, and consequently has not come under my immediate supervision.

The cholera has also made its appearance in different parts of Staten Island, and several have already fallen victims to it. For the last eight days the wind has been from the northeast, attended with a considerable fall of rain, though for the most part the rains have been light, accompanied with much haziness and dense fogs. The weather has also been quite chilly, requiring fires to be kept in the parlors morning and evening, and oftentimes throughout the day. This afternoon (31st May) the wind has shifted towards the south, and the temperature has increased, the thermometer being about 72°. It is very like the kind of weather that existed here when the cholera was at its highest pitch last winter, with the exception of coldness, and I have no doubt we are again immersed in the cholera atmosphere.

During the months of April and May at least 55,000 passengers have arrived at the harbor of New-York from foreign ports, of which number 12 only were brought on shore at Quarantine sick with the cholera.

ART. II.—*Case of Ovarian Disease.* By H. N. BENNETT, M. D. of Bethel, Connecticut.

In the month of May, 1847, F. F. an unmarried lady of 34 years, consulted me with reference to a tumor situated in the inferior portion of the abdomen, and exactly upon the median line. She was of sanguine temperament, having blue eyes, sandy hair, a light skin, the face marked with freckles, slender in her general conformation, and inheriting a scrofulous diathesis. She had had for some years an habitual cough, but without expectoration, and her general health in other respects was so good as to allow her to labor with very little intermission at her occupation, which was that of a finisher of combs. It is very probable this occupation was the exciting cause of the cough to which she was subject, as there is much dust occasioned by the processes employed in it. At the time of my first examination the tumor above mentioned occupied a considerable portion of the lower part of the abdominal cavity, extending from the pubis nearly to the umbilicus, perfectly circumscribed, and globular in its form. It was firm to the feel, and I could not detect the least fluctuation. I should observe that the tumor did not appear to stand out forcibly against the abdominal wall, but seemed rather to be held back towards the spine. Upon inquiry, the patient affirmed that she was perfectly regular in regard to her catamenial discharges, and that her general health was much better than before the appearance of the tumor. Her cough had entirely ceased, but she had been for some time employed in the work-shop. Notwithstanding my patient's declaration that she was "*perfectly regular*," and the fair reputation she had always maintained for chastity, I could not but entertain a slight suspicion of pregnancy, from the situation of the tumor, its firmness, and the period it had been forming, being according to the patient's own account some five or six months—in short, the tumor corresponded very nearly to the size and feel of the uterus at this period of gestation. I deferred giving an opinion, and told her I would call again in a few days, make a further examination, and prescribe for her. In accordance with this promise, I saw her again, and examined the tumor with the stethoscope. I could

detect neither the sounds of the fœtal heart, nor the placental *bruit.* I placed my hand upon the bare abdomen, and could feel nothing like a fœtal movement, while I irritated in various ways the abdominal surface as well as the tumor itself. I could still detect no fluctuation. Directing my patient to change her position from one side to the other, I found the tumor constantly maintaining its position upon the median line, with but very little variation. I proposed no vaginal examination at this time, partly because I did not wish to wound the modesty of an unmarried female, and because my suspicions of pregnancy were almost entirely dispelled, not only from the examination I had made, but from my patient's artless deportment with reference to her situation. My diagnosis was ovarian disease, and, although I could yet discover no fluctuation, I suspected it to be of an hydropic character, from its size and the rapidity of its formation. I prescribed at this time diuretics internally, and the Ung. Iod. Pot. to be rubbed freely over the region of the tumor. This method of treatment was pursued for a length of time, without producing any amendment. The tumor continued to increase in size, and the fluctuation became very evident. In the month of August I proposed tapping, the symptoms being urgent. The patient complained of great distress at the epigastrium, frequent vomiting, and inability to retain food upon the stomach. She consented to the operation, which was performed in the usual place for ascites. Twelve pints of fluid were discharged at this time, of a slightly brownish tint, a glutinous feel, and a consistence greater than that of serum. During the 20 months following the first paracentesis I tapped this patient thirty-six times, at continually decreasing intervals, and drawing off an average quantity of two gallons at each operation. The abdomen never returned to its normal size, in consequence of the discharge of this amount of fluid, and the sac was still readily felt through the abdominal walls. Two or three times my trocar slipped from the sac when not more than half the usual quantity had been removed. During the last ten months of her life the patient became œdematous, first in her lower extremities, and afterwards generally. She presented the marks of true cachexia. The fluid drawn from the tumor, contained at times large quantities of pus. There was, how-

ever, no return of cough or other symptoms of pulmonary irritation. She died with marked symptoms of meningeal effusion, the result of extreme anemia.

Autopsy 14 hours after death.—Abdomen the only part examined.—I made the section of the abdominal parietes with care, to avoid an incision of the sac. The muscles were much atrophied, and reduced to a mere membranous expansion of muscular fibre. The peritoneum was somewhat thickened, but not to an unusual degree. Upon laying open the peritoneal cavity, a sac was at once displayed of enormous dimensions. There were but few adhesions either to the abdominal walls or the viscera, and not the slightest adhesion to the pelvic contents. The intestines were crowded high up in the hypochondriac and epigastric regions, the tumor occupying all that portion of the cavity of the abdomen, covered only by muscular parietes. I removed the sac entire, together with the uterus and its appendages. The tumor was formed from the left ovary, the fallopian tube being perfect. Nothing could exceed the beauty of the vascular arborizations upon the surface of the sac. The tortuosities and ramifications of the venous trunks were displayed in a thousand different ways, and presented every imaginable variety of plexus. Over the whole exterior of the tumor, were also seen numerous small circular vesicles or cysts, of a bird's-eye appearance, scarcely projecting upon the surface. I punctured the cyst at the point where I had formerly introduced the trocar, and after having discharged about 12 pints of fluid, I laid it open. It was a true multilocular cyst, only one of the compartments of which had ever been punctured, but fortunately this one comprised three-fourths of the whole tumor. The largest of the lesser loculi did not contain to exceed six ounces of fluid. The inner face of the principal cavity had evidently been the seat of extensive tubercular deposition, two or three large masses of which remained yet unsoftened. These masses were of the size of a very large filbert, projecting inward, perhaps having been formerly enclosed in a separate cyst. Some of the lesser loculi also contained tubercular masses. The size of the smaller compartments of the tumor varied from that capable of containing six fluid ounces, to those no larger than a small shot, the lesser uniformly projecting upon

the inner face of the greater. I should add, that the largest loculi were partially subdivided by bands of a pseudo-membranous appearance, forming incomplete partitions. The character of the fluid contained was almost as various as the size of the cysts. The larger were generally filled with a thick gelatinous fluid, somewhat tenacious, and of a dark brown or chocolate color. Some of the smaller were almost entirely filled with a tubercular mass, a slight layer of serum being interposed between the unattached portion of the cyst and the deposit. Others again were distended by a transparent fluid resembling very pure albumen. The minute cysts were innumerable. Many of these were to be seen through the outer fibrous envelope, which I formerly designated as presenting the bird's-eye appearance.

The right ovary was of normal size, but pale, and evidently containing one or two small masses of tubercle. Upon the superior face of the fundus uteri was a pediculated fibrous tumor, ovate in form, and about one and a half inches in its longest diameter. Near by, on the anterior face, was another of very small dimensions, not exceeding a buck-shot in size. The uterus was otherwise healthy in appearance.

Remarks.—This case so forcibly illustrates a point of diagnosis, that I cannot but refer to it. Authors generally assert that ovarian tumors are developed in the iliac lateral regions of the abdomen, and that they only reach the median line after acquiring large dimensions. This view is declared by Cruveilhier to be purely theoretical, and he observes, that "the ovarian cyst is placed at once upon the median line, for the reason that it is developed in the direction which offers the least resistance." (5 Livraison, Pl. 5. p. 3.) The truth of this observation is easily illustrated. The ovaries occupy a position nearly upon the plane of the abdominal strait, and supposing the cyst to be developed in all directions, its lateral development towards the ilium and pubis, must at once crowd the body of the tumor upon the median line;—as it increases in size, it is thrown above the superior strait, dragging the fallopian tube with it, and, at length, even the body of the uterus. The celebrated pathologist above quoted, remarks, in reference to this latter fact, that "in encysted hydropsy of of the ovary, the uterus is not crowded downwards, as is ge-

nerally said; on the contrary, it is drawn upwards, so that it is impossible to reach it." The above assertions, however, require certain qualifications. If the ovary, in its first departure from the healthy state, contracts pelvic adhesions, it is readily seen that it cannot assume a position upon the median line; but that it must be held towards the iliac region and lateral part of the abdomen. This was the fact in a case of ovarian disease which I reported in this Journal a few years since. Hence originates to my mind a practical inference. If the tumor occupies the median line, the presumption is in favor of no adhesions to the pelvis, and the probability of the success of an operation for its removal is much increased. If, on the contrary, the tumor remains in the iliac region, it is strong evidence of adhesions, and is an objection to an attempt at ovariotomy. The tumor, in the present case, could have been removed with the greatest ease, and presented no obstacles to a successful exsection.

There is one other point worthy of observation in the present case. Although a multilocular cyst, the puncture was successful, from the fact that the principal loculus presented itself against the abdominal wall, and formed a large portion (three-fourths) of the tumor. Notwithstanding, had the trocar been introduced two inches higher up, it would have entered one of the lesser loculi, and the operation would have failed.

ART. III.—*Post-Pharyngeal Abscess.* By J. HENRY CLARK, M. D. Newark, New Jersey.

THE following case of disease is interesting on account of its great rarity and the extreme difficulty of diagnosis which characterized its whole course.

Rev. Thomas Cochrane, late of this city, aged 49 years, of phlegmatic temperament, and of plethoric habit, who had enjoyed hitherto good health, was seized on Sabbath evening, December 24th, 1848, with a very violent inflammation of the throat. He had preached during the day with considerable difficulty, but he had no previous intimation of the attack except the impression that for some months he had arti-

culated with less ease, and had occasionally a sensation as of choking.

On the afternoon of December 28th I was summoned hastily to his house. He had just reached home from a neighboring village several miles distant, having travelled for some hours, during which time he was more or less exposed to a severe snow-storm. I did not learn that any treatment had been resorted to in the interim except the application of a blister. Found my patient pillowed in a rocking chair thrown far back, his head thrown back upon his shoulders, his mouth extended breathing with extreme difficulty. He had not swallowed any thing for about forty hours, (the difficulty of swallowing increased and greatly exceeded that of breathing.) The parotid and submaxilary glands were not considerably enlarged, nor were the tonsils very much inflamed. The obstruction appeared to be situated low in the pharynx and the aperture, blocked with mucous, through which the air forced its way, was scarcely larger than the handle of a cataract needle. The voice was entirely lost, the patient could not whisper so as to be understood without much difficulty. Pulse 130, full and forcible; skin somewhat hot, countenance sallow, expression wearing and anxious. He was ordered six leeches to the larynx, and I watched the effect, prepared to introduce a hollow bougie if necessary for the relief of the threatened suffocation. Considerable relief was procured.

Dec. 29th, relief obtained by the leeches continued, but no further improvement was manifest. Pulse still 130, with considerable heat of the surface. Touched the pharynx with a solution of nitrate of silver, 30 grains to the ounce of water, with some evidence of temporary advantage.

Dec. 30th, there was evident improvement; the patient was able to swallow a dose of sulphate of magnesia, though with great difficulty. At this stage of the disease a consultation was requested, and Dr. Samuel H. Pennington was called in.

Dec. 31st, met Dr. Pennington in consultation. Found more difficulty in swallowing than we could find a cause for in the condition of the organs of the throat. It was still extremely difficult to administer remedies by the stomach; ordered a blister on each side of the larynx.

From Jan. 1st, to the 4th, 1849, there was some amendment each day. The pulse became less frequent, also the difficulty of swallowing became less.

Jan. 10th, ceased to consider him under treatment, and believed that a nutricious diet and good nursing would soon restore him to sound health. Having occasion to see another member of the family, during the period of three weeks apparent convalescence, my attention was occasionally called to him. I found him always complaining of some difficulty of deglutition, the obstruction seeming to be situated below the pharynx. He could not *swallow a small draught*, but by taking a very large one he was able to pass the fluid behind the obstruction. These unpleasant symptoms appeared, however, to be less and less troublesome, although his pulse did not fall below 120 at any time.

Jan. 30th. I was hastily summoned on account of a return of the extreme difficulty of swallowing. On giving the case a most careful examination I could see no cause for the extreme difficulty of swallowing, which rendered it impossible to pass solids into the stomach. The pharynx was pale, and the glands of the throat presented a natural abnormal appearance; still the pulse was frequent and irritable, (its frequency having considerably increased within twenty-four hours,) and there was evidence of perpetual pressure upon the pharynx. Dr. Pennington, at my request was again called in in consultation. We ordered the application of two leeches near the point of pressure below the pharynx, where we were informed by the patient there had been some sense of tension from the earliest period of the attack, and indeed he believed that occasionally he had experienced an unpleasant sensation at that point for a year past, when in the act of swallowing.

Jan. 31st. There was little change.

Feb. 1st. The patient swallowed more easily, but the pulse was no less frequent.

Feb. 2d. Ordered sulph. quinine gr. iss. every four hours, at the same time using means to control local inflammation; also continued the application of nitrate of silver in solution to the fauces.

Feb. 3rd. Pulse 140—profuse sweating of the head oc-

curred—patient wished to have *the head* supported whenever he was raised up—still he complained of no pain in the back of the neck—emaciating very rapidly.

Feb. 6th. Our attention was called to a small tumor situated in front of the larynx, which extended a short distance along the course of the "sterno-cleido-mastoïdeus" of the right side. The diagnosis of the tumor was very difficult. Observing the relief afforded in deglutation, our previous impression that an abscess, somewhere, by the pressure of its contents upon the pharynx, was the cause of difficulty, was in a measure confirmed.

Feb. 7th. Tumor had increased.

Feb. 10th. The increase from the last date was considerable. The character of the tumor was still very obscure, having an emphysematous feel. We still believe that it contained pus, and ordered poultices to be continued. (These were ordered on the first appearance of the tumor.)

Feb. 11th. Perceived indistinct fluctuation, and were now almost confident of finding pus. Made a deep exploration at the most dependant portion of the tumor at the point where it passed under the right sterno-cleido-mastoïdeus: no pus following the puncture we were now led to suspect the possibility of the tumor being, in some way, associated with an abnormal condition of the thyroid gland—its lobulated appearance favoring such a conclusion. With this idea in view, we made trial, for a few days, of a local application of ung. hydrio. potassæ, and gave internally, Lugol's Solution of iodine, ten drops, three times a day.

Feb. 12th. A very troublesome cough now manifested itself—very little cough had heretofore been observed.

Feb. 13th. Examined the chest—observed slight dullness on percussion. The ear discovered slight mucous rhoncus and partial absence of the respiratory murmur. The history of the case was not such as to lead us to suspect tubercular disease of the lungs, and except the emaciation and recent cough, there were no rational signs present.

Feb. 15th. No very marked change—the stethescope was again resorted to, but no further physical signs of tubercle could be detected. The tumor became softer, and there were more evident signs of fluctuation. Another exploratory

puncture was decided upon—but concluded to delay until a consultation, which was now contemplated with Professor W. Parker, of New-York, could take place.

Feb. 19th. Dr. Parker met us in consultation. The feebleness and emaciation of the patient had now become very considerable. After a close examination, Dr. Parker made an exploratory opening directly in front of the larynx—inclining to the belief that the tumor probably contained pus, this fluid directly made its appearance. The opening being enlarged, a large quantity of illaudable pus of a pea-green color escaped. It was now pronounced to be a case of post-pharyngeal abscess, as the result has since proved.

Stimulents and an animal diet were freely used from this period to sustain the sinking powers. The pulse became more rapid and feeble, and the remaining strength was from this period rapidly exhausted. All difficulty of swallowing, which was, it will be remembered, the earliest symptom, was removed by the operation.

Feb. 22d. A slight pleuritic attack, required a blister, and a temporary suspension of the stimulant remedies for twelve or eighteen hours.

Feb. 23rd. Stimulants were again freely used, the pleuratic pain being relieved. The expectoration became very fœtid. The pulse was more feeble.

Feb. 24th. The morning brought with it a great change in our patient for the worse. Stimulants were more freely employed, and he was sustained till midnight, when he expired by asthenia, retaining the entire possession of his reason up to the last moment of his existence.

Autopsy made sixty hours after death. Present Drs. Pennington, Coles, Dougherty, and King, with myself. Body greatly emaciated. Threw a solution of ammonio sulphate of copper into the place of incision in the neck, which readily caused the tumor to assume its previous size and shape, extending from the mastoïd process down along the course of the sterno-cleido-mastoïd muscle of the right side, to the situation of the thyroid gland, which it fully occupied, giving it the appearance of goitre.

On opening the sinus it was found to be situated beneath the platisma myoides and the deep fasia of the neck. It pre-

sented a smooth glistening surface, following up the course of the muscle, the sinus was found to communicate with an enormous cavity bounded posterially by the almost denuded bodies of the cervical vertical. The pus had nearly made its way into the cavity of the chest on the left side, exposing the patient to instant death by suffocation.

The lungs were found considerably tuberculous, and in many points small abscesses had formed. There was but little effusion into the cavity of the pleuræ. The heart was healthy. Believing that we had reached the cause of death, in the condition of the neck and chest, we extended our examination no further.

While the result of this case should not lead us to value less the physical signs of diseases of the chest, it surely teaches the great importance of not relying wholly upon the stethescope in making our diagnosis. It is an interesting point of inquiry at what period the accumulation of pus commenced, and whether it was the cause or consequence of the disease discovered in the lungs?

The post-mortem examination explains the cause of the partial sweats, the difficulty of swallowing, the inability to sustain the head, and many other symptoms which before no explanation could solve.

Remarks.—We agree with the writer that the foregoing is an exceedingly interesting case. To the pathologist as well as surgeon, it offers material for reflection. That the "small abscesses" found in the lungs on the post-mortem examination were the result of purulent absortion there can scarcely be a doubt. As such, then, they were the consequence of the previous disease, (post-pharyngeal abscess.) If we remember that the symptoms which supervened on and after the 12th of February were such as frequently accompany the commencement of purulent infection; and that the "slight pleuritic attack" on the 22d was but the more full manifestation of the consummation of such a state, we are led to believe that these abscesses were metastatic in their character, and clearly the result of purulent absorption. The rapidity with which such changes take place should lead us to institute repeated and careful examinations of the chest for the detec-

tion of the same, although the department of therapia may not be in a marked manner advanced by such knowledge.

Ed. N. Y. Jour. Med.

ART. IV.—*Case of Secondary Hemorrhage after Amputation at the Shoulder Joint.* By CHARLES S. TRIPLER, M. D. Surgeon, U. S. Army.

In the 8th volume, page 152, of the Republication of the London Lancet, a case of amputation of the shoulder joint, proving fatal, from secondary hemorrhage, is reported at length. The operation was rendered necessary in consequence of frightful laceration of the limb, from its being engaged in the rollers of a powerful machine. On the tenth day hemorrhage occurred from the axillary artery. It was met by ligature above the spot where the artery had given way. The next morning at 5 the hæmorrhage returned. "The artery was now carefully examined, and as it appeared to be *perfectly healthy*, another ligature was put on about half an inch higher up, and all hemorrhage thus checked." At 1 P. M. same day, from mental excitement, hemorrhage suddenly took place again. Mr. Simon cut down quickly and skilfully upon the subclavian artery, and placed a ligature upon it; but the patient was pulseless when this was done, and he died in a few minutes."

In the progress of this case, slight sloughing of the skin had occurred, but it was arrested by appropriate treatment. There was a deficiency of integument for covering the wound, from the nature of the injury, and on the seventh day the artery was seen pulsating upon the surface of the wound. This case occurred in the practice of Mr. Fergusson, a surgeon of deservedly high repute, and must have been judiciously managed. It is with great diffidence, therefore, that I venture to offer a few reflections which the perusal of it has suggested to my mind. There were three distinct bleedings, occurring from a vessel to which a ligature had already been applied, and each repetition of the hemorrhage was met by a repetition of the ligature. Is this the best means of meeting the emergency in this particular amputation? What reason is there for

supposing the ligature will be more effectual in the second or third instance than in the first?

A private of the 2d regiment U. S. Infantry received a gun-shot wound on the 20th August, 1847, at the battle of Cherubusco, Mexico, shattering the humerus so high up as to render amputation at the shoulder joint necessary. This operation I performed on the morning of the 21st, by the method recommended by Velpeau in his Surgical Anatomy—a method I can recommend where the state of the parts will admit of it, as expeditious, neat, and leaving the mutilated surface as little unsightly as possible.

In the course of the afternoon of the 21st our wounded were removed from the field hospital, at Cherubusco, to the village of St. Angel, where they were made as comfortable as circumstances would permit. Here they remained during the armistice that followed the battles of Contreras and Cherubusco—about sixteen days.

The wound under consideration progressed admirably. In the course of a week the man was moving about the hospital, and began to take a walk daily to his company quarters, to visit his comrades and relieve the ennui of his confinement. In the night of the 4th September a frightful hemorrhage suddenly burst forth from his wound. The noise of the rush of the blood was sufficient to rouse some of his fellow sufferers in the same ward, and one of them placed his hand upon the wound so as to control the hemorrhage till surgical aid could be had. An assistant on duty in the hospital, was soon at his side, and applied a suitable compress, secured by a roller, which effectually arrested the bleeding. Upon my arrival at the hospital I decided to trust for the present to the compress, in preference to re-opening a wound more than half united, or to subjecting the man to the severe operation of securing the vessel above the clavicle, if it could be avoided.

On the 6th the case was going on well, and the man recovering from the pallor and exhaustion that followed the bleeding. At this time, the duplicity of the enemy being too palpable to be longer permitted, the General in Chief decided to terminate the armistice and resume hostilities at once. It then became necessary to concentrate the military hospitals at one point, and I was sent to Mixcoac at the designated

depôt, to make provision for the hospitals of General Twiggs' divison. This was on the 7th of September. Towards night, after I had received nearly all our wounded at the new depôt, I heard that my patient had had a return of his hemorrhage, and hastened back to St. Angel, a distance of four or five miles, when I found him pale and exhausted, and deluged with blood. Upon inquiry, I found that in attempting to move him, the compress became loosened, and of necessity the hemorrhage had returned. It being now quite dark, and lights not being very abundant in our transition state, I was obliged to defer the attempt to secure the artery above the clavicle till morning. I, therefore, carefully prepared a compress of four or five doublings of lint, and about four inches square, secured it by a roller, so that it *could not* slip, placed two men to watch the patient, and left him, fully determined to take up the vessel at break of day. A night's reflection, however, altogether changed my purpose. I considered the fact, that there was full three inches of the artery below the clavicle, that the ribs and intercostal muscles afforded a firm plane upon which pressure might be kept up indefinitely, that aneurism had been cured by pressure in the course of vessels much less favorably situated, that in this case, pressure had been effectual while it had been kept up; and that, if carefully watched, it must be successful. I determined, therefore, to persevere with it. Accordingly, in the morning, I examined the bandages carefully, placed the man on a litter carried by men, sent him to Mixcoac, and committed him to the charge of the late Dr. Luter, (O quam flebilis ille,) with strict injunctions to look to him closely, and to lose no time in securing the vessel in case of further trouble.

From this time, (8th September,) till after the capture of the city of Mexico, I had no opportunity of visiting the hospitals, the army being constantly engaged in active operations against the enemy. On the 16th our hospitals were finally removed into the capital, and I was delighted to find that no further hemorrhage had occurred to annoy my unfortunate patient. From this time he was under my immediate care: no untoward accident supervened; and, on the 31st October the man was discharged the service, upon pension certificate,

with the wound perfectly cured, and the general health entirely re-established.

It is difficult to say whether pressure could have been used in such a case as Mr. Fergusson's. There had been slight sloughing of the skin, but this had been stopped. Then the integuments were so scanty that a large granulating surface must have been presented, calling for frequent renewal of the dressings. But the discharge was perfectly healthy, and the hemorrhage might have been controlled by the finger while the dressings were being renewed. The flat surface of the chest affords so favorable an opportunity for pressure, and the compress may be extended over so large a surface, that there seems to be little danger of either pain, irritation, or a recurrence of the sloughing, being produced by it. In most cases, it is certainly preferable to the ligature, and in all may be tried, thus deferring, as long as possible, a second capital operation, (a point of great importance,) even if it should prove unsuccessful.

I am disposed to think that the force of the pulse, in so large a vessel and so near the heart, in some cases displaces the ligature before the clot is fully formed; in others, it renders the ligature a source of irritation, exciting ulcerative inflammation at the point of application, and softening of the coats of the artery in its vicinity, before the adhesion of the inner coat is perfected, and that the hemorrhage is due to some one or more of these causes. In my case, the ligature upon the vessel was firm, and did not come away for six weeks after the recurrence of the hemorrhage. There was, no doubt, an opening in the side of the vessel above the ligature, and it must have been a large one. But, whatever may be the immediate cause of the hemorrhage, it seems to me there can be but little use in applying a second ligature any where near the position of a former one, as the probabilities are, a like result will follow a like cause, and this in proportion to the size of the vessel and its proximity to the heart.

I might adduce numerous instances in favor of this view, but they will readily suggest themselves to the reader.

In similar cases, I would therefore respectfully suggest the trial of pressure over a large surface, in the course of the vessel, before the second formidable operation is decided upon.

ART. V.—*Chloroform in Natural Labor.* By R. P. STEVENS, M. D. of Ceres, Pennsylvania.

Case 1.—Mrs. B. aetat 20, primipara.—She had been in labor twelve hours when I was called. By examination the os was found to be dilated to the size of a Spanish two shilling piece. It had a firm fleshy feeling, and was not easily dilated. Pains were regular but very forcing. Patient of a nervous temperament, fleshy, rosy cheeks, and in high health. In four hours the os had become sufficiently dilated for the head to be distinctly felt and exploration had. The sutures were closed, and fortanelles bony. Head was large. Pains now became very forcing, attended with great effort in bearing down. At the end of six hours from my arrival the os was sufficiently dilated for the head to pass. Great efforts made for expelling the fetus, attended with excruciating pains, and the patient piercing our ears and hearts with her cry of agony. Pulse 120, sharp and spiteful. Little progress made in breaking up the head, and passing the superior strait. At this stage I administered 15 drops of chloroform upon a folded napkin. In the midst of one of her most agonizing cries, while all the attendants were bathed in tears of sympathy she sank back upon her back, in a sound sweet sleep, from which, after a few minutes she awoke exclaiming "this is bliss, this is bliss." Pulse fell from 120 to 75 or 80 beats in the minute, and was soft and easily compressed.

The administration of 10 drops of chloroform every half hour kept her in the anæsthetic state, perfectly unconscious of pain or suffering three hours, until the head was broken down and had passed the superior strait and was engaged in the inferior. Voluntary effort being suspended by the action of the chloroform, I ceased administering in full and regular doses. It was only when she was exhausted by her efforts, (which were deemed necessary) that the chloroform was given in full doses, she would then enjoy a brief season of repose, the pains still progressing but unfelt, and awoke to consciousness with renewed strength and courage for her maternal task. Seven hours she was under the influence of this anæsthetic agent, with the most happy effect. The pulse never rose above 80 after the first dose. Her recovery was rapid, and

without any drawback, much more rapid than I ever had seen before, after so severe and protracted labor.

The husband hastened to make the amende d'or.

Case 3.—Mrs. W., ætat 19, primipara. Had been in lalabor 24 hours, a midwife being in attendance. Her cries were heard by me before reaching the house, the distance of half a mile.

On examination the left ear was found presenting the head lying across the superior strait. The patient was making great efforts, and her cries loud and piercing, her eye balls seeming to start from their sockets, and the veins of the forehead and temples swelling as if about to burst.

After putting the head in a favorable position I listened to her pressing cries for chloroform, I gave her 30 drops upon a folded napkin, which in the midst of one of her most distressing pains put her into a quiet sleep, which lasted 15 minutes. On awaking she said she had had the first rest in three days, enjoyed the most pleasing dreams.

10 to 15 drops were administered at intervals of 20 minutes or half an hour, just enough to keep her sufficiently under its influence to make her pains endurable and not suspend voluntary efforts, until the last few expulsive pains, when she was put under its full influence, and she gave birth to a large fine boy, weighing 9 lbs. undressed, wholly unconscious of suffering. She expressed herself as if having been engaged in a great effort. Her recovery was as rapid as Case first.

Case 3.—Mrs. ——, ætat 40, sixth child. Her pains were not regular, frequently shifting, sometimes to the head, more frequently to the stomach, and occasionally between the shoulders. I deferred the use of chloroform until the os should become fully dilated, and the pains more regular. When this had taken place her labor pangs became "*unbearable, I would kill her,*" she said; she begged for chloroform. I exhibited 10 drops which quieted her immediately. With frequent repetitions of 5 drops, she was kept in a perfect anæsthetic state until the child was born, being entirely unconscious when it passed the external orifice. Her pulse sank from 100 to 45, under the influence of the chloroform, and continued at this low point until a half hour from the birth of her babe; it then

rose slowly to her healthy standard. I remark here, that, in the complete anæsthetic stage, she was capable at each pain of voluntary effort. Her recovery was more rapid and favorable than any of her previous confinements. She had no after pains, though previously suffering severely from them, fully equal, she said, to her true labor pains. She expressed much gratitude to me for the use of a remedy which made the hours of meternity endurable, and this anticipation pleasant.

Case 4.—Mrs. S——, ætat 22, primipara. Premature labor at the 8th month. Breech presentation and delivery. Had been in labor 18 hours, when the os was fully dilated, but the vagina, perineum and vulva still rigid. In fact, had not begun to dilate, but was constricted, hot and dry. Pulse 120, sharp and irritable. Pains severe, forcing, occurring every ten minutes, and attended with great efforts of expulsion. Her mind was anxious for her own safety, and that of the child, and despairing of all hope. In previous cases of the like symptoms I bled ad deliquium animi. In this I resolved to try the chloroform; and, though the patient was much opposed, I exhibited 10 drops, with the happy effect of quieting all her cries, inducing sweet and refreshing sleep, and giving hope and courage. Pulse sunk to 60, and was full and soft. For three hours she was kept under the gentle influence of chloroform, giving tokens of pain only by a slight movement of the corrugator muscles of the forehead. During all this time she was conscious of what was doing in her room, of the movements of all around her, could answer questions, and wished I would put her into a perfect sleep. Cloths wrung out of hot water were kept continually upon the soft parts. At the expiration of three hours the soft parts being sufficiently dilated, the dose of chloroform was reduced, sufficiently for her to use voluntary effort, (for it had interrupted all power of aiding,) and in 40 minutes she was safely delivered of a living child, quite to my surprise, having been so long in labor, with this presentation.

She expressed herself as having had the most delightful dreams, the particulars of which she could have recollected, if I had given her enough. Her recovery was rapid, and unattended with any unpleasant symptom.

I remark here, that I was as much surprised at the charming power of this agent, as I have ever been when following the advice of the late Prof. Dewee's, I have bled to fainting, and seen the most unpromising cases yield to this heroic remedy. The sequelæ of the one, however, is far different from the other. After the latter, we often have to contend with all the protean symptoms of impoverished blood, while in the former, fresh air rapidly renewed the vitiated blood, and in a few hours at the farthest, no trace of the potent agency we have been using can be found.

Case 5.—Mrs. L——, ætat 24, second child, premature labor at the 7th month. Breech delivery, child stillborn, appeared to have been dead some days. The history of this case is so nearly that of No. 4, that that will suffice for this.

ART. VI.—*Report on the practical operation of the Law, relating to the Importation of Adulterated and Spurious Drugs, Medicines, &c.* By M. J. BAILEY, M. D. Special Examiner of that class of merchandise in the United States Customs at the Port of New-York.—(Read before the New-York Academy of Medicine, June 6th, 1849.

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UNITED STATES CUSTOMS.

New-York, April 21, 1849.

To VALENTINE MOTT, M. D.
President of the New-York Academy of Medicine.

SIR—On the passage of the bill prohibiting the importation of spurious and adulterated drugs, medicines, medicinal preparations, &c. I was requested by the Hon. Thomas O. Edwards, the able and philanthropic chairman of the special committee of the House, to which that important subject had been referred, to note the practical working of the law at the port of New-York, (where three-fourths or more of the importations of that class of merchandise are presented for entry,) and furnish, in such manner as might be most agreeable to myself, a report of the same, prior to the next meeting of the National Medical Association, in order that the information therein contained might have the greatest possible circulation throughout the country.

I cheerfully acceded to his request, and have consequently, for some time past, improved the limited leisure moments allowed me,

apart from my official duties, in preparing this communication, which I most respectfully submit to the consideration of the New-York Academy of Medicine. It is made up of facts, and such views in connexion, as have thus far suggested themselves to me, and should the subject matter be deemed worthy of more extended notoriety, it willl be exceedingly gratifying to me, should the distinguished body over which you preside, be the medium of communication, not only to the Medical Profession, but in any other way best calculated to aid in advancing the praiseworthy, humane, and philanthropic object for which the law in question was so promptly entertained, and unanimously passed by Congress.

I feel the more pleasure, dear Sir, in laying this report before the Academy of Medicine, for the reason that it sets forth to some extent the beneficial effects resulting from the united and efficient efforts of its members—the *pioneers of the profession*, in bringing about this most important and long needed reform.

While too much praise cannot be awarded to the New-York College of Pharmacy for the long continued watchfulness and fearless zeal manifested in the detection and exposure of frauds in the preparation of medicines, and for taking the initiatory steps in memorializing Congress, &c. it is well known that the Academy of Medicine came promptly and opportunely forward, and essentially aided in setting the ball in motion; and the example being followed by the profession generally, as well as by that important and powerful phalanx, the National Medical Association, convened at the time, at Baltimore, an influence was thereby brought to bear, which proved irresistible, and without which, the reform, however desirable, could not have been consummated.

The law took effect at this port on the 12th of July, 1848; and the following is a list of the more prominent articles of drugs and medicines, with the quantities and place whence imported annexed, which I have, during the months named, rejected under its provisions: to wit—

July, 1848,	7,581 lbs.	Rhubarb root,	from Canton.
August,	750 lbs.	Opium,	do. Marseilles.
do.	2,940 lbs.	Jalap root,	do. Tampico.
do.	2,249 lbs.	Rhubarb root,	do. London.
September,	646 lbs.	do. do.	do. do.
do.	1,414 lbs.	Gamboge,	do. do.
do.	545 lbs.	Rhubarb,	do. Hamburg.
do.	1,400 lbs.	Senna,	do. Leghorn.
do.	2,900 lbs.	Spurious Yellow Bark,	do. Bordeaux.

September,	875 lbs.	Rhubarb,	from Canton.
do.	758 lbs.	Opium,	do. London.
do.	1,783 oz.	Iodine,	do. do.
do.	1,075 lbs.	Rhubarb,	do. Marseilles.
do.	4,275 lbs.	Jalap,	do. Vera Cruz.
October,	788 lbs.	Rhubarb,	do. London.
do.	227 lbs.	Myrrh,	do. do.
do.	13,120 lbs.	Spurious Yellow Bark,	do. Maracaibo.
do.	1,875 lbs.	do. do. do.	do. Bordeaux.
November,	412 lbs.	Myrrh,	do. London.
do.	1,280 oz.	Iodine,	do. Glasgow.
do.	860 lbs.	Opium,	do. Smyrna.
do.	185 lbs.	Rhubarb,	do. London.
December,	156 lbs.	Opium,	do. do.
do.	1,065 lbs.	Myrrh,	do. do.
do.	12,800 lbs.	Spurious Yellow Bark,	do. Santa Martha.
do.	392 lbs.	Jalap,	do. Vera Cruz.
January, 1849,	1,300 lbs.	Pectoral Paste,	do. San Juan.
do.	2,071 lbs.	Rhubarb,	do. London.
do.	3,550 lbs.	Jalap,	do. Havana.
do.	1,930 lbs.	Spurious Bark,	do. Antwerp.
February,	974 lbs.	Rhubarb,	do. London.
do.	1,992 oz.	Iodine,	do. do.
March,	1,104 oz.	Croton Oil,	do. do.
do.	4,894 lbs.	Senna,	do. do.
do.	1,345 lbs.	Spurious Bark,	do. do.
do.	404 lbs.	Opium,	do. do.
do.	1,150 lbs.	Valerian root,	do. Paris.
April,	425 lbs.	Opium,	do. London.
do.	1,273 lbs.	Myrrh,	do. do.
do.	550 lbs.	Jalap,	do. Vera Cruz.
do.	816 lbs.	do.	do. Tampico.
do.	1,450 lbs.	Sarsaparilla,	do. do.
do.	600 lbs.	Spurious Bark,	do. Barranquilla.

Together with smaller quantities of various articles which have been rejected from time to time, but which it is not necessary to enurate here—making the entire amount, some 90,000 lbs. of various drugs, &c. which have, up to the present time, been refused.

Such, Sir, are the fruits, thus far, at this port, of the wise and eminently beneficial sanatory measures, so heartily approved of by every friend of humanity;—that measure, too, which met from its inception, the open, determined and unremitting hostility of a God-forsaken portion of our trading community. From the moment the question was first agitated, and during the progress of the bill through Congress, intense excitement and ill feeling was mani-

fested among certain importers and speculators who had long made the murderous traffic not only a source of profit but of wealth, and no means were left untried by them calculated to defeat the measure.

Even the public press was brought into requisition, and, as I am credibly informed, in some instances *paid* for opening upon the community, at stated intervals, an editorial broadside of vindictive denunciations under the flimsy and unwarranted guise of the law being opposed to free trade—"intentionally protective to our own manufacturing chemists," &c. and finally, closing with the very astute reasoning to the effect that such a law was entirely unnecessary, for the reason that every one could either discriminate for himself in the purchase of medicine, or go to stores in which he had perfect confidence!! The editor forgetting, in the vague cogitations of his sanctum, that the city of New-York, (furnishing, as we admit it does, apothecary establishments worthy of all confidence,) does not comprise the whole of our wide and almost limitless country;—forgetting too, that with the exception of our larger towns and villages, medicines are every where purchased and sold by merchants dealing at the same time in every other description of merchandise, and who do not even profess to have any practical knowledge of the drug trade as a separate pursuit; hence, as long as the principal markets are filled with spurious articles, the unsuspecting country merchant is liable to be imposed upon by the unprincipled dealers from whom he may perchance unwittingly obtain his supplies; and his customers at home must suffer in consequence, more or less, according to the extent of the deceptions practised upon him by the city speculator; as they have no other alternative, but to use such medicine as they find within their reach,—being, as they are, too far removed from any considerable town, to enjoy the privilege of "discriminating," or even a choice of stores to select from.

Many of my professional brethren, I opine, whose fortune it is, or has been, to practice in the country, can, from sad experience, bear witness to the truthfulness of these remarks. The power of discriminating, as far as *prepared* medicines are concerned, is indeed a rare virtue, and possessed by very few; and those who assert that any one can discriminate for himself in the purchase of medicine, betray a depth of ignorance of the mysteries of the laboratory, (to say nothing of its *trickery*, when in skilful, but unprincipled hands,) not very commendable in a public journalist who would

presume to speak understandingly of subjects requiring not only extensive scientific research, but practical knowledge.

Most persons, we admit, can judge very correctly by sight of the quality of most articles of food and clothing; but where is the man who can, by simply looking at the almost countless number of medicinal preparations, chemical and otherwise, say whether they are pure or adulterated? can, by looking at the various preparations of morphine, say whether they do, or do not contain five, ten, or even twenty per cent. of *amygdaline?*—Can detect by sight, *corrosive sublimate, prepared chalk, gypsum*, and other impurities in calomel?—Can by sight, say whether blue-pill mass contains its full equivalent of mercury, or only one-fourth or less of the requisite quantity?—Can say whether hydriodate or iodide of potash is pure, or is adulterated by the admixture of *sal acetosella, sup. tartrate*, and *sulphate of potash?*—Can, in the same way, detect *salicine, mannite, sulphate of barytes*, and *oxyde of zinc* in sulphate of quinine?—can say whether tartarized antimony, and antimonial powder is pure, or whether they contain ten, twenty, or thirty per cent. of *rye-flour?*—Can say whether croton oil is, or is not adulterated by the admixture of inert *fat oils*, or whether it is not, in fact, an entirely *factitious article?*—Can, by looking at the powdered cinchona bark, say whether it is genuine powder of that species which affords the largest quantity of quinine and some cinchonine, or whether it contains thirty or fifty per cent. of the powdered *Maracaibo* or *Carthagena bark*, which affords but a trace of either of these important alkaloids, and is consequently worse than worthless for medicinal purposes—or whether it is not, in fact, composed entirely of the latter worthless variety?—Can say by looking at powdered rhubarb, whether it is that prime quality which affords from sixty to seventy per cent. of soluble matter, and some twelve per cent. of pure resin, or whether it is an article produced from the *decayed and worthless* root, (the color and smell having been heightened by artificial means,) which affords not to exceed fifteen per cent. of soluble matter and *no resin at all?*—Can by the sight detect *flour, starch, extract of senna, carbonaceous* and *argillaceous* earths in scammony, or can pronounce it pure?—Can say by looking at powdered jalap whether it is fresh and pure, or whether it contains ten, fifteen, twenty or more per cent. of *powdered gray sago* or other *farinaceous* substances?—Can by looking at the extract of Peruvian bark, say of what species and quality it is composed, or whether it is not adulterated with inert extractive matter?—Can tell genuine compound extract of colocynth, from a partially, or an entirely factitious

article?—And thus I might continue through the whole catalogue; for these adulterations have been made, and will continue to be made, unless *unremitting watchfulness* is exercised by the *profession*, and all *regular dealers;* but I feel that I have already sufficiently exposed the fallacy of the *ocular* "discriminating" test. Suffice it to say, that the special pleading of interested parties proved a nullity, and the righteous and humane law triumphed; for, notwithstanding the threats of *repeal*, the threats of vengeance upon the devoted head of the writer of this communication, for having furnished Congress with the requisite facts and data, on which to warrant and frame a favorable report, and the countless anathemas uttered against the active friends of the measure generally by those who on the passage of the law, doubtless, and very properly so, considered their "occupation gone,"—I have reason to believe that many, very many of the then opponents have already become convinced of their error, and have resolved hereafter to pursue a different course of trade, and in the matter of *false representations*—to sin no more.

With some few exceptions, and those of foreign houses who, from the first have refused to be comforted, the murmurings of discontent seem at present to have almost entirely ceased, while the friends of the measure have greatly, and as far as I can learn, every where increased; and what is particularly gratifying is the fact, that several of our honest and worthy importers and dealers, whose views of free trade recognize no medium ground, and who, when the subject was first agitated, fancying they discovered in its objects some air-drawn dagger aimed at commercial rights, stood neutral, looking upon the passage of such a law as of doubtful propriety, (although they, at the same time, deprecated the base traffic,) have already confessed that their fears were groundless, and that they are now satisfied the law, instead of being calculated to embarrass and cripple trade, will essentially benefit it; perceiving as they do, that a better and higher standard of articles are called for, and a corresponding higher price paid by the purchaser without complaint; which fact, of itself, furnishes ample inducement for them to order none but genuine, and the first quality of drugs and medicines from abroad.

As an instance in point, and to show how the good seed is springing up at a distance, it may not be amiss for me to say, that some two months since one of the parties connected with an extensive drug firm, which for reasons above stated, were decidedly averse to the passage of the law in question, remarked to me that

he believed, after all, it would in the end be advantageous to the trade; and upon my congratulating him upon his so soon realizing the fulfilment of the prophecy predicted by me from the first, and asking him what prompted his conclusion, he replied, that orders *now* came in a different shape; that a short time previous they received a very heavy order from a customer located in one of the principal towns of the west to the effect, that *every* article must be of the first quality, and such as he could guarantee to his customers; that whatever price asked would be paid, *and their house held responsible for their purity*, as it was now understood that adulterated medicines, as well as worthless drugs were no longer imported. The order he said was gladly filled on those conditions, and the amount charged, affording them a perfectly satisfactory profit, was as promptly and cheerfully paid. "Their customer was satisfied; they were satisfied; all were satisfied."

No medicinal chemical preparations of any importance have been presented to entry at this port since the law took effect. The agitation of the question for several months prior to the passage of the bill, doubtless had the effect of putting those engaged in the nefarious traffic on their guard; and as this country was the principal market for merchandise of that description, it is to be presumed that the manufacture abroad has been, in a great measure, discontinued. The worthy popular foreign manufacturing chemists who have never been known to send out from their laboratories an impure article, look, as far as I can learn, upon the law in question with much favor; and well they may, for their sales have in consequence greatly increased. This, however, is very readily accounted for, from the fact, that by stopping the importation of base adulterations and imitations, the genuine foreign articles are immediately in greater demand, for the reason, that the business of preparing the extensive variety of chemical preparations used in medicine is still in its infancy in this country. And now, while upon this subject, a matter of great importance to the profession generally, as well as to the community at large, very naturally presents itself, to wit, *home adulterations*. The strongest, and almost the only argument raised against the passage of the bill when before Congress, was, that it would be "offering a premium on home adulterations." A distinguished senator, who took this view of the case, admitted that he approved of the *principle* of the bill, and should vote for it, but maintained that the effect would be as he had stated. The friends of the measure pledged themselves to take care of our own people, if Congress would take care of the unprin-

cipled manufacturers, speculators, and dealers abroad; and it is devoutly to be hoped that they will faithfully and fearlessly redeem their pledges at any sacrifice of time, watchfulness, and if needs be, money.

I, for one, never looked upon the passage of the law in any other light, than as the *first important step* towards the great reform so long, and so much needed; and *the profession must only so consider it.* Much yet remains to be done; something more than simple *professions* of friendship to the measure must now be brought into requisition. To suppose that we have none among us engaged, or who *will* engage in the preparation and sale of spurious and adulterated medicines, is to place a higher estimate upon the conscientious scruples of that portion of our speculating and trading community with whom the almighty dollar is paramount to all other considerations, moral, if not divine, than from my somewhat extensive observations, I am willing to concede. Even at this early day, the fraudulent work of their hands is but too visible. Within the last month or two, sulphate of quinine, in considerable quantities, bearing the label of Rosengarten & Denis, Philadelphia, has been found in market adulterated to the extent of some twenty or twenty-five per cent. The same may be said of quinine bearing the label of the London Alkaloid Company, London—likewise that bearing the label of Pelletier, Delondre & Lévailant, Paris.

Now, these frauds were perpetrated by our own people, or among our own people, and after the article, too, had come into the hands of the purchaser. The manufacturers sent them forth pure, and had nothing to do with the sophistication. Each of the firms named stand too high, and deservedly so, to warrant even a suspicion of such unpardonable baseness.

The material used for the adulteration of the quinine was found, on analysis, to be *mannite* and *sulphate of barytes*, in about equal weights. The latter article has long been used for this purpose, but not until lately has *mannite* been detected in the sulphate of quinine. It seems to have been ingeniously substituted for salicine, and a somewhat similar substance prepared from the poplar bark; which articles have heretofore been extensively used for like purposes.

The ingenuity consists in the fact, that it is much more difficult to detect the adulterations when effected by the admixture of *mannite*, than when by the admixture of salicine, &c. while the former can be furnished for less than one fourth of the latter.

I have likewise procured, and have now in my possession, a

sample of French sulphate of morphine, adulterated by the admixture of some thirty per cent. of *amygdaline*, an article, which in this combination, defies all the ordinary tests for its detection; and which, like the mannite in the quinine above mentioned, can only be found and distinctly characterized in the mother water after the solution and re-crystallization of the true saline portion of the sophisticated compound.

Some other important medicinal preparations have been spoken of as having been found worthy also to be classed with "home adulterations;" but, as I have, up to the present time, only been able to obtain samples of impure sulphate of quinine, and of sulphate of morphine, I am in hopes that the opinion expressed relative to the other articles may prove incorrect. Should I, however, find the facts and the particulars as they have been stated to me, when I receive the samples which have been promised, I shall make them the subject of a communication for some one of our medical journals; as I feel that every fraud of the kind should be promptly and fearlessly placed before the public in a manner best calculated to command the attention of the profession generally throughout the country.

The question now very naturally arises, how comes this new method of sophistication, and why has this heretofore foreign practice been recently tranferred to our shores? I reply, that I have good reason to believe, that we have at present those among us from abroad, who have so long been engaged in this particular line of business that they have become perfect adepts in this base and deceptive art. For some years past, an extensive chemical establishment has been in operation at Brussels, in Belgium, built up at great expense and care, and expressly designed for the manufacture on a large scale of imitations of all the most important foreign chemical preparations used in medicine; while, at the same time, an agent was travelling in this country making sales, and soliciting orders in all the principal towns on our seaboard. This personage is no stranger to me, as I had to examine and pass his murderous wares through the custom house, in large quantities, until Congress, in enacting the present righteous sanatory measure, gave me the power to reject them. The articles were prepared and put up with consummate skill and neatness; and the imitation was so perfect, that it was impossible for the unsuspecting purchaser to distinguish them from the genuine, notwithstanding that in some instances they did not contain over five per cent. of the substance represented by the label. The only *Christian* act that as

far as I am aware the agent performed while among us, was to sound the alarm in season; for since the law went into effect at this port, not a single package from that establishment has been presented for entry; but I regret to say, that if I am correctly informed, one, if not more, of the persons formerly connected with the Brussel's firm, are now in this country, engaged, to some extent, in the same iniquitous business; hence the ingenious adulterations before spoken of. I imagine, however, from certain proceedings which have been instituted, that their career among us will not be of long duration.

Thus it will be seen that as far as sophisticated chemical and medicinal preparations are concerned, we have now but little to fear from the foreign manufacturer and speculator, while we have *increased* cause for unceasing vigilance at home, not only as respects the finer preparations, but also that almost equally important class of medicines known to the trade as crude drugs, to wit: opium, barks, roots, medicinal gums, &c. &c. whether in a natural or powdered state and while each and every article; requires at all times the particular attention and scrutiny of the dispensing apothecary and physician, I will here remark, that the article sold and purchased under the entirely too comprehensive name of *Peruvian bark*, requires, in my opinion, much more attention than it has heretofore received either from the apothecary or the profession. It will be seen by the statement submitted, that the quantity of spurious and worthless cinchona barks which I have thus far rejected, amounts altogether to some thirty-four thousand pounds; and why have I rejected it? Simply because the article containing none, or but a trace of the natural alkaloids of the *true* barks, and consequently possessing no febrifuge properties, is of no more value as a medicine than any other moderately bitter vegetable substance, while at the same time, it is not only unsafe, and improper, but on account of the large excess of woody fibre it contains, decidedly dangerous to be administered in cases where the genuine bark in substance is called for.

The several barks here alluded to, although differing in physical appearance, are those generally known in the trade as the red and yellow Maracaibo and Carthagena barks; and as they resemble the true officinal barks in color, they have long been used in a powdered state for the purpose of adulterating those barks, or sold to the unsuspecting as the genuine article. This fact shows very clearly why it has long been almost impossible to find on sale in the country, or even in any of our minor drug and apothecary estab-

lishments in town, one pound of the red or yellow cinchona bark of the requisite strength and purity; or, in other words, that will afford, on analysis, a per centage of alkaloids corresponding with that produced by the genuine barks. Some samples that have been obtained afforded neither quinine nor cinchonine in any perceptible quantity!! Others less than one fourth part of the alkaloids found in the true and pure barks; and so upward, according to the extent of the adulteration. From the quality of samples that have been forwarded to me from a distance, I am satisfied that the country is filled with such base mixtures and worthless trash; and it will take some time, with all the watchfulness that the profession can exercise, to get rid of the evil; an evil that must be deeply felt in those sections where the peculiar type of their fevers calls for an almost constant use of the cinchona in one form or another.

In view of these facts, I have from the first invariably refused to admit these spurious barks, notwithstanding my refusal has subjected me from interested parties to unqualified denunciations and reiterated threats of vengeance, even to expulsion from my post, doubtless to make room for some one of more easy medical virtue. The rejection of no other article of drugs has excited so much indignation; and I regret to remark that the dishonest and unpardonable traffic is held on to by some of our speculating traders with a tenacity truly deplorable; but when I say that the spurious barks cost, delivered in this market, on an average only some *six cents* a pound, while the genuine costs *eighty* cents, it is not difficult to fathom the cause of these ebulitions of wrath so profusely showered upon me. I shall continue, however, *fearlessly* to do my duty in carrying out the intent of the law, though the heavens fall and I fall with them.

Some fifty different plants have been placed under the genus cinchona by various authors, while only the barks of three species are recognized as officinal, to wit, the true yellow or calisaya bark, (cinchona cordifolia,) the true red bark, (cinchona oblongi folia,) and the true pale, loxa or crown bark, (cinchona lancifolia;) all producing the natural and important alkaloids; the two first producing both quinine and cinchonine; the last, cinchonine only.

The following are some of the descriptive names given to a large number of varieties of these plants, which have not only thus far defied the skill, examination and research of naturalists and botanists to establish satisfactorily their specific identity, but have an account of their varied and irregular foliage, location, &c. &c.

given rise to a wide difference of opinion as to the manner in which they should be classified, to wit:

Cinchona,	condaminia.	Cinchona,	hirsuta.
do.	lanceolata.	do.	ovalifolia.
do.	augustifolia.	do.	scrobiculata.
do.	ovata.	do.	caduciflora.
do.	magnifolia.	do.	stenocarpa.
do.	glandulifera.	do.	micrantha.
do.	gratissima.	do.	purpurea.
do.	corymbifera.	do.	rosea.
do.	excelsor.	do.	macrocarpa.
do.	phillipica.	do.	petalba.
do.	pubescens.	do.	dichotoma.
do.	glabra.	do.	acutifolia.
do.	nitida.	do.	macrocalyx.
do.	officinalis.	do.	crassifolia.
do.	afroinda.	do.	humboldtiana.
do.	caribæa.	do.	pavonii.
do.	rotundifolia.	&c.	&c.

Thus it will be seen that a wide field, but imperfectly explored, is still open, inviting the attention of the profession to one of the most important curative agents to be found in the whole range of the materia medica. Samples of the different barks should be obtained and analytically examined, and approved or condemned, as they are found valuable or otherwise for medicinal purposes; thus narrowing down and establishing an officinal standard for those barks worthy a place in our pharmacopœias and dispensatories.

While it has been my duty under the present law to shut out large quantities of worthless crude drugs, it has been gratifying to me at the same time, to observe a steady, increased, importation of superior articles of the kind; articles of such a quality as were not sent to this market at all, or but rarely, as long as the inferior and worthless were admitted to entry; and the consequence is, as I have before remarked, honest importers and dealers freely admit, that the practical working of our drug law has already raised the standard of medicines very materially.

The question now very naturally and properly comes up, will these prime crude drugs, after having been powdered and prepared, be found on sale in town and country in as pure a condition as when imported; or in other words, be found free from adulteration. I fear not, unless a strict watch is kept over the operations of the *unprincipled* portion of those among us whose mission it is "to buy, sell, and get gain;" honestly if they can; if not, get it.

It has heretofore been too frequently found that drugs become astonishingly reduced in strength and purity during their transition state from root, bark, gum, &c. &c. to powder. Prime fresh drugs are no doubt, (as well as worthless,) sent to the drug-mill; but some how or other, "by falling into bad company," I suppose, they are very apt during their stay to lose their virtue; and as a matter of course are returned to their owner, and sent out into the market, with a character decidedly tarnished—an article fair to look upon, but whose touch is death. Badinage apart—the business of drug-grinding or powdering requires a searching and thorough *reform.*

I have already alluded to the mysteries and trickery of the laboratory when in skilful but dishonest hands—but be assured sir, its conjurations and diablerie, if I may so express myself, in the preparation of adulterated chemical medicinal compounds, hardly exceed in ingenuity, deception and iniquity, the frauds committed under the roof of the drug-mill.

I have in my possession the voluntary confessions of a drug-grinder, who has retired after amassing a fortune in the business; but I will not swell this report by entering at this time into an extended detail. That duty shall be performed by making it, at some future time, the subject of a chapter in the chronicles of *imperatively demanded* reforms. Suffice it, then, to say, that most of the *farinaceous* substances, such as rye, corn, wheat, rice, gray sago, &c. &c. together with various coloring agents, are too frequently, if not constantly, to a greater or less extent, brought into requisition—to say nothing of the mixing in the mill of a large portion of the inferior with the good article; as well as the mixing two or more articles entirely dissimilar in their active principles, such a combination, for instance, as crystals of cream of tartar, alum, and whiting!! This last villanous compound, when nicely powdered, is denominated at the mill "grocers' cream of tartar;" but that it is sold and dispensed, particularly in the country, as a genuine article, I have the best of reasons for believing. No wonder, then, (if this article is used by bakers, by families in baking, and for medicine,) that dyspeptic complaints have of late years increased in a tenfold degree. I have several samples of powdered drugs in my possession in which have been detected the above mentioned adulterations.

This is a very important subject, and one, too, which the profession throughout the country, as well as the medical staff of the army and navy, whether on duty at a distance, or at home in hos-

pital practice, should lose no time in investigating; for how is it possible for the physician to do justice either to his patient or himself, however judicious and correct his prescriptions may be, as long as there is so much uncertainty as to the strength and purity of the curative agents he may recommend? I cannot but believe that many, very many valuable lives have been lost, owing to this lamentable condition of things. Would our medical writers say more of the *active principle* of the various remedial agents, as well as *strength*, *purity* and *uniformity*, and less of the endless, and not unfrequently *utopian* methods of application, they would, in my opinion, render a much greater service to the profession and their fellow men.

All crude drugs lose a greater or less per centage of their weight in drying and powdering; and the deficiency is too frequently made up, or more than made up, as the case may be, by the addition and admixture of the farinaceous and other ingredients above named. Good opium, for instance, containing the usual moisture, when fresh, loses during the process some fifteen or twenty per cent; but as full weight, or increased weight must be returned to the owner, the knight of the mill obeys instructions, and mingles in his hopper such proportion of foreign substance as the cupidity of his customer requires; and thus I might continue through the preparation of the whole tribe of crude drugs.

For the sake of humanity, I would fain hope that there might be some few exceptions to this general rule; but, if so, I have reason to believe that they are exceedingly rare. It will thus be seen that *this* species of "home adulteration," like that of the sophisticated chemical preparations already spoken of, is an evil of great magnitude, and one that calls equally loud for reform. Not only justice to the community at large, justice to the profession, but justice to the *honest importer* and *dealer* demands the prompt application of an efficient remedy to these villanous and murderous practices.

This well known and unpardonable conduct on the part of unprincipled traders has been the only cause of dissatisfaction manifested by any of the honest importers since the passage of the law in question. They say, and with reason too, that while they are not only compelled, but *desire* to import none but genuine drugs and medicines from abroad, they deem it but common justice that our own people should be prevented from taking the very articles which they have selected with so much care, and imported at an advanced outlay of capital, and converting them into base and dan-

gerous compounds, similar to those which the law prevents the importation of.

This business of home adulterations is no new discovery. It has too long been practised among us with impunity, for the reason that previous to the present drug law it was almost impossible to fasten the fraud upon any particular individual. The almost invariable reply of the dealer to any complaints of his customer that articles previously purchased did not prove genuine, as recommended, was, "I am very sorry, but they were just as imported"—leaving it impossible for the purchaser to say whether the truth had been told him or not. The case is now happily otherwise. By the passage of this law, that *loophole* of escape, ("just as imported,") is closed, taking it for granted, by the way, that the special examiners, at the different ports, do their whole duty.

Thus it will be seen that hereafter it need not be a difficult task to trace such adulterations, &c. as may be found in the market to their guilty source. But, says one, "How shall the good work of detection and reform in these matters be commenced, in order to be effective?" In reply, I would respectfully suggest, that the National Medical Association, at their next meeting, should appoint a committee composed of *two* or more from each sta whose duty it shall be to closely scrutinize powdered drugs, and *all other* medicinal preparations found on sale throughout the country; and of those suspected, let them purchase small quantities, and subject the same to analysis; and if they prove to be of inferior strength, or to have been fraudulently prepared, let the fraud be promptly exposed through the columns of our numerous medical and other journals; and let the committee report all particulars at the next annual meeting of the Association.

This course will not only bring public opinion to bear upon the subject, which sometimes proves all-powerful, but what is of great importance, will place the profession in the possession of such *facts* and *data* as will be absolutely *indispensable* to insure success, should they, as a last resort, for the purpose of entirely eradicating the evil, be compelled to make a united appeal to the different state legislatures of the union for the enactment of such laws, penal or otherwise, as may be deemed most judicious, and at the same time most effective. I am inclined to believe that a movement of the kind would be attended with the most beneficial results. Very few wholesale and jobbing drug houses, with a knowledge of such a *surveillance* over them, would be apt, in my opinion, to risk their reputation and the success of their business by sending forth from their establishments spurious and adulterated medicines, with an

almost moral certainty of the fraud being exposed and fastened upon them. The same fear of detection and exposure at the sacrifice of their business, would induce the country dealers to order no articles of medicine from the principal markets but such as they could guarantee, as *genuine*, to their customers. Furthermore, under such a *régime*, faithfully administered, the *demand* for adulterations and worthless medicines would cease, and consequently their manufacture.

Should, however, the power of public opinion not prove sufficiently omnipotent, the strong arm of the law must be brought into requisition.

The last number of that valuable and ably conducted work, the American Journal of Pharmacy, speaking of the effects of the present drug law, holds the following language :—" The general government has nobly done its part—it remains for the state legislatures and executives to look into this important subject, and ascertain what there is for them to do that will benefit the public interests over which they are appointed to watch;" and most cordially do I respond to the truthfulness of the remark. The Journal again, in the same article, very properly insists that as one remedy for the evil complained of, the business of dispensing medicine should be confided exclusively to those properly qualified; and goes on to say, that as " long as herbalists, grocers, and general store-keepers can vend not only drugs, but active and important pharmaceutical preparations, of whose composition and strength they are ignorant, and of whose qualities they are unable to judge, there is a ready market for adulterations."

There can, we think, be but one opinion as to the importance of the reform here indirectly recommended; and the sooner we have, in this country, (as have long existed in most parts of Europe,) stringent laws regulating the retailing of drugs and medicinal preparations, the better it will be for the community at large, as well as for the profession generally.

It is worthy of remark, that the practical working of our drug law has already awakened a commendable spirit of scientific inquiry, not only among the profession, but among our regular dispensing apothecaries. They now begin to discover that a more intimate knowledge of *analytical* chemistry than has heretofore been generally cultivated is indispensable to a satisfactory exercise of their professional duties; and it is truly gratifying to observe that many are now engaged in perfecting themselves in that important and interesting science, with a devotion worthy of all praise.

A small manual, in pamphlet form, if you please, (for distribution,) containing a full description of *all* the known sophistications in medicines, and also plain instructions, free from unnecessary technicalities, as to the most simple and certain method of detection, would be of surpassing value to the profession throughout the country; and under the auspices of the New-York Academy of Medicine, or the National Medical Association, I am sure that many of our eminent chemists would gladly aid in advancing so important and praiseworthy an object.

It must be admitted, that thus far, in this country, too little attention has been paid to analytical chemistry as a necessary qualification of those who are expected, at all times, to speak understandingly, not only of the quality and *identity* but, *quantity* of the active principle contained in all medicinal agents, whether crude or prepared, simple or compound, that may fall under their notice; but as the progress of medical reform, with us, *must* hereafter be onward and upward, urged forward, as it is, by the most brilliant lights of the profession—men who are destined to occupy the highest niches in the temple of fame; it is to be hoped that our medical institutions will soon make such addition to their requirements and means—notwithstanding it may subject the student to a somewhat greater expenditure of time and money—as will enable the professor of chemistry, without pecuniary loss, to afford his class such extended and increased facilities as with proper attention will not only render them proficient in the science of analysis, but expert manipulators. Again, should each institution supply itself with an extensive, conveniently arranged, and well selected cabinet of materia medica, for the use of the professor of that science, and to which he would direct the attention of his class, while it would enable him to lecture from *samples* of the substances either crude or prepared, as the case might be—immense benefit would, in my opinion, result therefrom.

I cannot, myself, see any good reason why it is not as important that a medical student should before graduating become as familiar with the physical appearance, composition, peculiar qualities and strength of each and every remedial agent he must, of necessity, be called upon to prescribe, as it is for him to acquire that intimate knowledge of everything pertaining to osteology and myology, which is very properly deemed indispensable.

With all the various works on medical botany and materia medica which our countrymen have produced, we have no *American* work containing a full and satisfactory analysis of medicinal plants, &c. &c.; and if we desire to see a *full* and *perfect* analysis

of the vegitable substances, &c. used in medicine, we are of necessity compelled to have recourse to the published labors of the analytical chemists of a foreign land—to such names as Berzelius, Vauquelin, Vogel, Meissner, John, Tromsdorff, Geiger, Bucholz, Brandes, Pelletier, Caventau, &c. &c. ; but let the above suggested requirements and facilities be established, and reasonable encouragement afforded to those desirous of distinguishing themselves, and many years will not elapse before we can boast, not only of *American* analysts of note, but works of intense interest and greatly needed on the medico-botanical resources of this our glorious country—a land of almost unlimited extent—embracing every known geological, and mineralogical formation, and blessed with every variety of soil and climate.

We shall then, also, be enabled to have an *American* analytical standard of medicinal agents, embracing the widest range of the Materia Medica; one which will prove of inestimable value to the profession, and of lasting honor to those who zealously and *unfalteringly* push on the column of medical reform.

And now, dear Sir, in closing this, I fear too long and tedious report, (for the theme is almost inexhaustible,) I cannot but indulge the hope that the Academy will kindly pardon the hasty and disjointed manner in which it has been written ; and, should the facts and suggestions it contains be found important and effective in the cause of reform, and serviceable to my profession—the noblest, the most arduous and self-sacrificing profession on earth; I shall feel amply compensated for any trouble I have taken in its preparation, in the pleasing and gratifying reflection that I have, even in some slight degree, aided in advancing the welfare of my fellow men; and as far as the detached moments of leisure at my command would permit, satisfactorily performed the duty requested of me.

With great regard, very truly and respectfully, your obedient servant,

M. J. BAILEY,

Special Examiner of Drugs, Medicines, &c.

PART SECOND.

BIBLIOGRAPHICAL NOTICES.

Art. VII.—*A Practical Treatise on the Domestic Management and most important Diseases of Advanced Life.* With an Appendix, containing a series of cases illustrative of a new and successful mode of treating Lumbago, and other forms of Chronic Rheumatism, and Sciatica and other Neuralgic Affections, and certain forms of Paralysis. By George E. Day, M. D. Fellow of the Royal College of Physicians, &c. &c. Philadelphia, Lea & Blanchard, 1849. 8vo. pp. 226.

Old age, as well as infancy, has its own therapeutics, peculiarities of constitution attendant upon certain periods of life modify remedial agents in their action upon the human organism to such a degree that the scientific physician, even, is often struck with surprise. But remedial agents are not alone modified in their action upon the aged—diseases—functional and organic, are in a great degree altered or modified in their ætiology, symptomotology, and especially their pathology. Dr. Day's object in the preparation of this work has been to render available to the English physician, in a condenced form, all the facts which the accumulated experience of ages has furnished on this subject. In the execution of this task he has been remarkably successful. There are points, however, in this work which we would most gladly have seen rendered more perfect. Such, for instance, as the special physiology and pathology of the diseases of advanced life—points of great interest to the practitioner—and points, the careful exposition of which tend to render far more intelligible the prophylactics and therapeutics of old age. A very important addition to the volume is the extensive bibliography which it contains ; this, together with the fact that in the preparation of it Dr. Day has freely drawn upon the excellent

work of Canstatt's,*—a work only accessable to the German reader—renders the volume peculiarly desirable to the practitioner for reference and consultation.

ART. VIII.—*Anæsthesia, or the Employment of Chloroform and Ether in Surgery and Midwifery, &c.* By J. Y. SIMPSON, M. D. F. R. S. E, Professor of Midwifery in the University of Edinburgh, Physician, Accoucheur to the Queen in Scotland, &c. &c. Philadelphia, Lindsay and Blakiston, 1849. 8vo. pp. 248.

This work of Professor Simpson comprises the substance of several essays, written by him, and published in the Edinburgh Medical Journals, together with the results of his experience communicated to the various Medical Societies of that city, as reported in their proceedings. They have been collected and arranged by the Author into this volume, which embraces the most complete history of Anæsthetic Agents accessible to the American Practitioner. "The Author does not confine himself to his own extensive experience, but has collected with great care, the results, as shown in the practice of the different public hospitals of Great Britain, Ireland, and, as far as could be obtained, of Paris; thus adducing the important evidence of medical statistics to show that the rate of mortality is actually diminished under their use, in addition to the abrogation of pain. He has also obtained the experience of several eminent practitioners in regard to their value." The work is divided into four parts. Part first embraces Anæsthetics in Surgery. Part second, Anæsthetics in Midwifery. Part third, the nature and powers of various Anæsthetic Agents; and Part fourth, Local Anæsthesia. It also contains an answer to the objections to Anæsthesia in Midwifery, adduced by Professor Meigs, of Philadelphia. We know of no work on this subject to which we can recommend the practitioner with so much confidence as this.

ART. IX.—*Chemical Analysis, Qualitative and Quantitative.* By HENRY M. NOAD, Lecturer on Chemistry at St. George's Hospital, &c. &c. With numerous additions. By CAMPBELL MORFIT, Practical and Analytical Chemist, &c. &c. With Illustrations. Philadelphia. Lindsay and Blakiston. 1849. 8vo. pp. 572.

This work was prepared by the author as one of a series of chemical treatises for the "*London Library of Useful Knowledge.*" The editor

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* *Die Krankheiten des höheren Alters und ihre Heilung.* Erlangen, 1839.

it appears has found little else to do than to make such additions as are called for by the latest investigations in chemical analysis. To the Analytical Chemist this work is of exceeding value. It may be properly considered a complete manual both of qualitative and quantitative analysis in organic and inorganic chemistry. Messrs. Lindsay and Blakiston deserve much praise for the neat and tasty manner in which this valuable volume is brought out.

Art. X.—*Practical Pharmacy; The Arrangements, Apparatus, and Manipulations of the Pharmaceutical Shop and Laboratory.* By Francis Mohr, Ph. D. &c. and Theophilus Renwood, Prof. of Chemistry and Pharmacy to the Pharmaceutical Society of Great Britain. Edited, with extensive additions, by William Procter, Jun. Prof. &c. Illustrated by five hundred Engravings on wood. Philadelphia. Lea and Blanchard. 1849. 8vo. pp. 576.

To the pharmaceutical profession this work must be hailed with pleasure; neither is it devoid of value to medical practitioners, especially those residing in the country, who are called upon to discharge the duties of the pharmaceutist as well as physician. Designed more especially by the American editor for the American apothecary, it will, nevertheless, from its intrinsic merit, pass into the hands of many of our country physicians, who we are sure will here find a volume desirable alike for the rich and important information it contains, the neat and tasty manner in which its publishers have brought it out, both as it relates to its typographical execution and the beauty of its numerous illustrations. We regret that our limited space in this number prevents us from laying before our readers selected portions of its matter. Suffice it to say, that we know of no work so thoroughly calculated to supply the wants of the pharmaceutical public as this.

Art. XI.—*Treatise on Epidemic Cholera; being Lectures delivered under the Authority of the Faculty of Medicine of Paris.* By Ambroise Tardieu, M. D. Adjunct Professor in the Faculty of Medicine, Physician of the Central Bureau of the Hospitals of Paris. Translated from the French by Samuel Lee Bigelow, M. D. With an Appendix, by a Fellow of the Massachusetts Medical Society. Boston, Ticknor, Reed, and Fields, 1849. 12mo. pp. 286.

Report on the Cholera in Paris. Published by authority of the French Government. Translated from the original, and printed

by recommendation of the Board of Health, and the Academy of Medicine of the city of New-York. New-York, S. S. & W. Wood, 1849. 8vo. pp. 198.

Cholera : Its Causes, Symptoms and Treatment, Considered and Explained. By J. P. Batchelder, M. D. New-York, Dewitt and Davenport, 1849. 12mo. pp. 45.

By reference to the preface of the work, whose title stands first in this article, we learn that its author was appointed by the Faculty of Medicine of Paris to supply the place of Professor Duméril in the chair of Medical Pathology, for the years 1848-49, and that he took the opportunity to give a full exposition of the history of epidemic cholera. The great value of this work lays in the fact that it contains a faithful resumé of the innumerable publications which have appeared in France and elsewhere since 1830. These lectures " comprehend at once pathalogical descriptions, anatomical and chemical researches, historical facts, both geolographical and statistical, considerations upon the particular and general causes, political information, sanitary measures, and hygienic and therapeutics prescriptions methodically presented and carefully considered." The present epidemic has been followed even to the latest dates, its rout has been accurately marked out, and its peculiarities distinctly and faithfully given. In the appendix, the American Editor, Dr. Morland, has posted up to May last all that relates to its history and treatment in this country, thus making this volume, as a whole, the most perfect and desirable extant. We heartily recommend it to our readers, and shall be very much disappointed if it does not meet with its just deserts—a wide and extended circulation.

The French Report, ably translated by Mr. Barthélemy, of this city, was drawn up by a commission consisting of ten members, appointed by the French Government, and comprises the history of cholera as it appeared in Paris in 1832. Its simple history, however, is not alone embraced in this report—all that relates to the subject in a scientific point of view, (if we except its occult cause, symptoms and treatment,) is here presented. The patient and untiring industry of the committee, manifested on almost every page—the carefully prepared maps and tables—the minuteness of its statistical details—its entire freedom from theoretical discussions—and the eminent scientific ability of its authors, will commend this report to the scientific reader, whether professional or non-professional, in a high degree, as one worthy of his careful attention and perusal. The translator, in bringing it before the American public, and the Board of Health, together with

the New-York Academy of Medicine in recommending its publication, deserve our warmest commendation and thanks.

In the preparation of his essay, (for such we must consider a part of it at least,) Dr. Batchelder has evinced much thought and study. By watching closely the phenomena which this disease evinces he has endeavored to deduce the laws by which it is governed. How far he has succeeded in the accomplishment of the task he has undertaken we must, for the present, leave the reader of the work to decide. On a future occasion we intend to lay before our readers, in detail, the leading views and facts contained in the works we have now, of necessity, hastily noticed.

Art. XII.—*Treatise upon the Nature and Treatment of Morbid Sensibility of the Retina, or Weakness of Sight* Being the dissertation to which the Boylston Medical Prize for 1848 was awarded upon the following question:—"What is the Nature and best mode of Treatment of that Affection of the Eye, commonly called Morbid Sensibility of the Retina?" By John H. Dix, M. D., M. M. S. S. Boston, William D. Ticknor and Company, 1849. 12mo. pp. 146.

This is a creditable addition to our home literature. It treats of a subject of every day interest to the practitioner. Weakness of sight, or incipient amourosis, is a difficulty of frequent occurrence, and one of which scarcely any notice is taken in the treatises or opthalmic medicine. Doctor Dix suggests the borrowing and appropriating to the disease the name of "Asthenopy," "as being, if not actually explanatory, at any rate not false in its signification."

Art. XIII.—*A Conspectus of the Pharmacopœias of the London, Edinburgh, and Dublin Colleges of Physicians, and of the United States Pharmacopœia.* Being a practical compend of Materia Medica and Pharmacy. By Anthony Todd Thompson, M. D. F. R. S. &c. &c. The fifth American Edition, much enlarged and improved. Edited by Charles A. Lee, M. D. Professor of General Pathology and Materia Medica, in Geneva Medical College. From the thirteenth English edition. New-York, S. S. and W. Wood, 1849. 12mo. pp. 324.

The extensive circulation which this little volume has heretofore met with precludes the necessity of our saying anything in its praise. The present edition has received additions to the amount of twenty pages, the value and importance of which the reader will easily appreciate.

ART. XIV.—*The Maternal Management of Children in Health and Disease.* By THOMAS BULL, M. D. Member of the Royal College of Physicians, Author of "Hints to Mothers," for the management of their healths, &c. &c. From the third London Edition. Philadelphia, Lindsay and Blakiston, 1849. 12mo. pp. 406.

To supply the wants of that class of persons for whom this volume was written, we know of no work so thoroughly adapted. We feel assured that it will meet with a ready sale.

ART. XV.—*A Manual of Auscultation and Percussion.* By M. BARTH, Agrégé to the Faculty of Medicine of Paris, &c. &c. and M. HENRY ROGER, Physician to the Bureau Central of the Parisian Hospitals, &c. &c. Translated, with additions, by FRANCIS G. SMITH, M. D. Lecturer on Phisology in the Philadelphia Association for Medical Instruction; one of the Editors of the Medical Examiner, &c. &c. Second Edition. Philadelphia, Lindsay and Blakiston, 1849. 12mo. pp. 167.

We have here the second edition of a valuable little volume, intended for both students and practitioners; its great merit consists in its compact form, which will continue to render it desirable for hasty reference.

ART. XVI.—*The Uses and Abuses of Air:* Showing its Influence in Sustaining Life and Producing Disease. With remarks on the Ventilation of Houses, &c. &c. In three parts. New-York, G. S. Redfield, 1849. 12mo. Parts 1st, 2d, 3d, pp. 249.

This work comprises No. 2 of the series of "Tracts for the People." It is written by a member of our profession, well known for his indefatigable industry in behalf of Sanitory Reform. The work embraces a full and careful exposition of the principles relating to the subject of ventilation in general, and is calculated to do much good. It may, with profit, be consulted by the professional, as well as the non-professional reader. It is illustrated with numerous lithograph, colored plates, which at once convey to the mind of the reader a clear impression of the principles set forth in the text. We sincerely wish for it that reception which its intrinsic merit deserves.

PART THIRD.

FOREIGN MEDICAL RETROSPECT.

PATHOLOGY AND PRACTICAL MEDICINE.

A Statistical Inquiry, as to whether the proportionate Fregency, the Nature, and the principal Characters of Diseases have undergone in the course of time, the great Modifications they are said to have done. By M. VALLEIX.

The object the author has in view, in the present communication, is to determine whether, by the study of certain diseases in a diagnostic point of view, during an epoch not far removed from our own, and one that is remarkable for its revolutions in its medical doctrines, we may arrive at certain conclusions, capable of being generalized and applied to anterior periods. It is continually asked, whether such or such a disease existed heretofore ?—whether it prevailed as frequently formerly as now ?—and whether changes in the hygiene, the progress of civilization, or other more or less powerful influences, have not operated changes in our affections ? In reply, we are obliged to confine ourselves to vague generalities.

The period M. Valleix has chosen for examination is the twenty years intervening between 1819-39, during which, facts of such an importance have occurred as to have almost totally changed the face of science ; so that a person, conversant with internal pathology only in works written before 1819, would scarcely comprehend the physicians of the present age. In 1818 appeared the last edition of Pinel's Nosographie Philosophique, which had constituted the code of medicine in France for twenty years before. The author had, however, now reached the end of his reign, although the attacks of Broussais had not yet completed his dethronement. The latter published his ' Examen ' in 1816 ; and *his* domination may be said to have continued from 1820 to 1830 ; to be submitted then, in its turn, to attacks no less vigorous and successful ; leaving behind, however, certain general views of undoubted utility, and which have put us on the track of important discoveries. In a third period, from the fall of Broussaisism, we have the prevalence of " rigorous medicine," exact observation and assiduous experiment, replacing doctrines founded on hypotheses and ill-observed facts. Typhoid fever now took the place of that gastro-enteritis, which itself had so violently displaced the ataxic, adynamic, bilious, putrid, &c. fevers of former times. Just as the system of Pinel was about yielding to that of Broussiais, in 1819, appeared Laennec's work on Auscultation, imparting a precision to the diagnosis of certain diseases, of material service in solving the question before us.

M. Valleix, having had his attention directed to the large number of deaths from *pneumonia*, occurring at the Saltpêtrière, (the hospital for aged persons,) examined the mortuary list for a long period back, and discovered most remarkable differences in the proportional frequency of this and other diseases. Laennec's work, having been published only in 1819, it required some time to educate physicians in auscultation. Thus, we find, from 1819 to 1821, 60 deaths per annum are set down to *pulmonary catarrh*, a number which, now we know how rarely this of itself produces death, seems enormous. From 1821 to 1829, the number averaged but 14 or 15 ; and from 1829 to 1839, but 19 per annum. Were cases of *phthisis* mistaken for pulmonary catarrh during the first period ? No : for to this disease is also assigned a higher figure (39 and 40,) than in later years, when it varied from 20 to 24. Nor do cases of mistaken *pleurisy* explain the difference; for the numbers of these, during the three periods, were respectively 30, 10, and 42. This latter discrepancy of numbers is to be explained by the fact, that, when auscultation was little known, many cases were, from the presence of pain in the side, cough, &c. set down as pleurisies. In the middle period, much hesitation prevailed in pronouncing upon such cases, while the more perfected knowledge furnished the high proportion of the third, and which, probably, in future will be maintained. The true explanation of the diminished number of deaths from pulmonary catarrh, is the vast increase of those proved by auscultation to be due to *pneumonia*, in the aged, as we shall presently see.

The consideration of the *cerebral affections* present analogous facts. From 1819 to 1821 *apoplexy* was alone familiarly known. Ramollissement, the paralysis of the insane, and encephalitis were nearly unknown. From 1819 to 1821 there were 158 deaths per annum attributed to *apoplexy*, which, in 1821-29 sank to 59, and continued at much the same figure (61) during 1829-39. A more exact knowledge of cerebral affections, derived from the investigations of Rostan, Lallemand, Calmeil, Foville, and others, explains this. Thus, in 1819-21, *ramollissement* is only assigned twice as the cause of death, and during the next period, information on the subject not yet being very accurate, it was generally confounded with encephalists ; but, during the next period, the number averages 22. Add the 22 to the 61 apoplexies of this period, and abstract it from the apoplexies of the first, and an approximation of numbers commences. As to *encephalistis*, during the prevalence of Broussaisism, most cerebral affections were so termed. Thus, during 1819-39, two or three deaths per annum are dated ; during 1821-29, 48 ; and, during 1829-39, when ramollissement asserted its claims, only 16. Add the 48 encephalites to the 5 ramollissement, and the 59 apoplexies of the Broussaisian period, and we have 112 ; while, if we abstract from the 161 of these diseases of the first period, the 53 of the encephalites and ramollissement of the second, we have 108—a not very different figure from 112. Next, if we add to the apoplexies and ramollissements of the third period, the 16 encephalites, we have the number 99, which forms some approach to that of 123 obtained by abstracting the 38 ramollissements and encepha-

litis from the 161 of the first period. The *general paralysis* of the insane will serve to fill up the lacunæ. Thus, while, in the two former periods it only furnished 4 deaths, during the third it furnished 24.

We have now seen a disease, as it were, enveloping in itself, and concealing the existence of three others, of a different nature, though occupying the same seat. We next have to observe several others, of apparently different nature, become sunk and lost in one which absorbs them all. During 1819-21, the word *fever* was still pronounced, though tremblingly, and we find 71 deaths attributed to adynamic, and 39 to 40 to ataxic fever. During 1821-29, the adynamic sank to 19 or 20, and the ataxic to 6 or 7; while, during 1829-34, the diminution is still more complete,—the adynamic sinking to 3 or 4, and, after 1834 disappearing altogether, and the ataxic being noted but once a year. What has become of all these fevers? During 1816-21 little mention was made of *enteritis*, (23 per annum) and *gastro enteritis* (9), but, during 1821-29 they averaged 36 and 37 respectively. It is evident that many fevers became thus transformed; and the proof of it, is the great diminution of these inflammatory affections since the fall of Broussaisism; but the adynamic and ataxic fevers have not reappeared to replace them. Both the fevers and the inflammation have, in fact, disappeared; and, for the explanation of this we must return to the consideration of *pneumonia*. During 1819-21 this disease figures at 72 per annum; during 1829-39, at 110; and during 1829-39 at 256. Take from this 256 the 72 of the first period, and we have a residue of 184, which has furnished the material for the ataxic, adynamic, putrid, and other fevers, gastritis, gastro-enteritis, and, as we have seen, fatal pulmonary catarrh. Strange is the fact, that Pinel, himself physician to the Salpêtrière, furnished from this very hospital a description of fevers, recorded at the time with enthusiasm; and that these fevers, now termed typhoid, are no longer found within its walls. Stranger still, that Broussais, who saw imaginary gastritis or gastro-entertitis, could not see a real pneumonia! It can now, however, be no longer doubted, that pneumonia is *the* acute disease of the age, and is, in fact, almost the only one, after a certain age, that occurs.

The general conclusion to be drawn from all that precedes is, that we must not blindly rely upon the statements of authors, to the effect that different diseases have appeared or disappeared at certain epochs, or that they have undergone much change in severity and frequency. We should first assure ourselves that such authors have not been deceived by a simple change of name, and have not thus transformed one disease into another.—*Brit. & For. Rev. from L'Union Médicale.*

Analysis of the Treatment of Cholera by several recent Writers.—Dr. Venables is decidedly opposed to the use of brandy and other ardent spirits and essential oils. "In the stage of collapse, the best method of inducing reaction, is by the repeated administration of a warm saturated solution of salt, till full vomiting, with some degree of reaction succeeds. (*Nature and Treatment of Cholera*, p. 35.)

Dr. Andreyeoski, of the Russian army, in Circassia, has com-

municated to Mr. Guthrie of London, the formula for the celebrated elixir of Woroneje. Among the Russian forces it was considered a specific. It is as follows: R. Spir. vini rec. ℔viiss. Sal Ammon. 3j. Nitri depurati, 3j. grs. xv Piperis 3j. grs. xv. Aqua Regia 3ss. Acetat. vini ℔iss. Petrolei (naptha) 3ss. Ol. olivæ 3ss. Ol. menth. pip. 3vij. Digere per horas xii. et cola; capiat coch. ij. parv. pro dosi quartâ parte horæ. (*Med. Gaz. June* 23, 1848.)

M. Baurimont mentions the great success which he has found to succeed the following treatment. *For internal use.* A hot and copious infusion of the flowers of the lime or linden tree, with 4 to 8 grammes (60 to 100 grains) of bicarbonate of soda in each quart. *For external application.* Extensive mustard poultices to the lower extremities, and continual friction of a liniment formed of equal parts of oil and ammonia. (*Proc. of Paris Acad. of Sci.*)

Dr. Graves tells us that he has tried calomel, and seen it tried in every form and dose, but it has signally failed. He has found the following treatment most successful: A scruple of the actate of lead combined with a grain of opium was divided into twelve pills, and of these one was given every half hour, until the rice-water discharge from the stomach and rectum began to diminish. He says that in all cases, where medicines promised any chance of relief, this remedy was attended with the very best effects. Of the success of this treatment Dr. G. has received the most gratifying letters from numerous practitioners in India (*Clinical Lectures*, p. 420.)

Dr. Hird, in cases where the evacuations were watery, and contained very little or no bile, has found that a powder containing five grains of calomel and half a grain of opium, administered immediately, and followed up with a grain of calomel, a quarter of a grain of opium, two grains of cayenne and five grains of sugar, every half-hour or hour, in proportion to the symptoms, tended to restore the secretions much more effectually than the one or two scruple doses of calomel, and two or three grains of opium, repeated at longer intervals. When the characteristic rice-water evacuations, and other symptoms of the second stage set in, Dr. H. found the greatest benefit from the acetate of lead in two or three grain doses in combination with five minims of Battley's solution of opium and spirits of cinnamon, every half hour. (*Med. Gaz. Nov.* 3, 1848.)

Mr. Baker, of the Bengal Establishment, says that he thinks that the most successful treatment was an emetic in the first instance, which induced full vomiting, quite different from the spasmodic action caused by the disorder; afterwards five-grain doses of antimony with or without calomel; bleeding; mild purgatives; flannel rollers to the extremities; lemonade, tea, plain water, or soda-water.—(*Lon. Med. Gaz. Nov.* 17*th*, 1848.)

Drs. Hill and Ferguson, in the Peckham House Asylum, treated by means of chloroform, as the sheet anchor, thirty-seven cases of confirmed cholera, all of them presenting the whole of the following symptoms, viz. vomiting, purging, cramps, and collapse;

while in many of them the characteristic blueness of countenance and extremities was well marked. Of the 37 cases there were relapses 6, recoveries 31, and deaths 12. The success of the treatment was quite satisfactory. (*Lond. Med. Gaz. Nov. 24th*, 1848.)

Dr. Chambers says, as a general rule, I advise the administration of forty minims of tinct. opii in an ounce of brandy, and an equal quantity of hot water. Half this may be repeated every 30 or 40 minutes until the third dose has been given, after which it will be better to pause for half an hour. In the interval ten minims of oil of peppermint or of cajeput may be given on a lump of sugar or diffused in barley water, or an æther draught, or 3 i. sal volatile. Should the stomach not retain liquids, a corresponding quantity of opium may be made up into pills, with camphor, and given every half hour. As soon as the stomach is tranquillized grs. x. of carbonate of ammonia may be given in camphor julep, or an effervescing draught of citrate of ammonia, in which the carbonate is in excess, every half hour. The usual external stimulants should be resorted to. (*Med. Gaz.*)

Dr. Muller, of Russia, gives the following as the most successful treatment in the military hospitals, viz :—As soon as the patient was in the stadium algidum, 12 cupping glasses were placed along the spine; the whole body was strongly rubbed with a mixture of pounded ice and salt (two parts ice to one part salt;) then the patient was enveloped in woollen coverings, and drank every hour a glass of water, with from one to two teaspoonsful of rock salt dissolved in it; and, according to circumstances, in addition, calomel was given with or without camphor. Stimulating remedies were employed with great moderation and care, and, at the least sign of reaction, immediately laid aside. If after these measures, warmth did not return in from one and a half to two hours, the frictions were repeated; once or twice generally sufficed, but occasionally they were repeated three or four times. Under this mode of treatment out of 432 severe cases, 287 recovered, the mortality being at the rate of 33.5 per cent. (*Brit. and For. Med. Rev.*)

Dr. Rogers.—Calomel in small doses is used by most practitioners, (first stage,) and the following formulæ are highly commended: Calomel; pulv. capsici, āā grs. iv.; opii gr. iss. or grs. ij. assafœtidæ grs. ij.; ol. menth. pip. m. j. To be repeated at intervals while purging continues, until eight or ten grains of opium have been taken. The combination of nitro muriatic acid and opium has been extensively tried, and with the best results, the dose being, acid. nitric. m. ij. acid. hydrochlor. m. i. tinct. opii, m. x. water ℥ i, to be repeated every hour, or hour and a half. When the second stage (collapse) has set in, but little can be expected from remedies internally administered. Internally, stimulants are worse than useless. External applications and enema being the chief remedies. (*Madras Reports.*)

Dr. Mackenzie, in speaking of the practice in this disease in Russia, says :—We have found *bleeding*, when practised early, of

unequivocal advantage, especially in robust subjects; but in order to secure this advantage stimulants must be administered immediately afterwards, otherwise a relapse into the same stage of congestion is apt to follow. For this discovery we are indebted to the Anglo-Indian surgeons. Bleeding, practised later, when the vital energies were far reduced, was found of no avail whatever. *Emetics* of ipecacuanha were frequently given as a safe stimulant to effect a reaction and restore the blood to the surface; I have seen an emetic bring up food, though there had been vomiting and purging in a violent degree some hours previous to its administration. The *water and vapor bath* were used extensively, but I cannot say anything in their favor; if they restored in some measure the circulation, it was only for a short period, a collapse seemingly greater than before following their use. *Frictions of oily liniments* containing camphor, oil of turpentine, capsicum, &c. were found of more certain benefit, as also *sinapisms*. I have given this after bleeding, an emetic in a tumblerfull of French brandy with advantage. To restrain the violent watery purging, opium, sugar of lead, and ipecacuanha combined, in the proportion of one grain each, together with a quarter of a grain of camphor, act admirably. (*Med. Gaz. April 6th*, 1849.)

Analysis of the Blood in Cholera.—Dr. William Robertson read an account of his observations on the blood drawn from patients labouring under cholera. He groupe the cases under four heads, described the appearance and general properties of the blood in each, and exhibited the general chemical results obtained from thirty analyses, conducted according to Andral and Gavarrett's process. Five of the analyses were made by Dr. Douglas Maclagan, one by Dr. Christison, and the rest by Dr. Robertson.

Average Constitution of 1000 *parts of Cholera Blood.*

	Fibrine.	Org. Serous Solids.	Inor. Do.	Globules.	Total Solids	Water.	Sp. gr. of Serum.	Sp. gr. of blood
Early stage,	2.7	82.2	7.8	103.4	196.1	803.9	1030.0	1053.7
Early collapse	3.2	94.0	7.0	130.8	235.0	765.0	1033·7	1059.5
Collapse,	3.2	101.2	6.9	130.0	241.3	758.7	1036.6	1066.4
Reaction stage	3.5	76.6	6.6	126.7	213.4	786.6	1030.6	1057.9

Distinct indications of the presence of urea had been obtained both by Dr. D. Maclagan and by Dr. Robertson, upon testing blood taken from the heart and veins after death: and on one occasion Dr. Maclagan had obtained similar indications, upon examining blood drawn from the arm during the early stage of the disease. *Urea* seemed most abundant in the blood of patients who died during the stage of reaction; 1000 grains of blood yielding, in one case, 1.6, in another .73 of nitrate of urea. The chief conclusions which these analyses, coupled with certain phenomena of the disease, suggested, were, 1st, That anæmia, or an impoverished blood, acted

as a predisposing cause of cholera. 2ndly, That although during cholera the relative proportions of the blood constituents was rapidly and singularly altered, there was yet no evidence that the primary operation of the morbific poison was exerted upon the circulating fluid ; the chemical changes recorded were only the *effects* of the morbid process. 3rdly, That the changes which the blood underwent up to the period of reaction, consisted in a concentration of the serum from loss of water, and a loss of salts almost proportionate to the amount of water abstracted. 4thly, That the *proportion* of salts was lower during reaction and convalescence than during the progress of the disease. For every 1000 parts of water, there existed during the *early stage* 9.7, during early collapse 9.2, during collapse 9.1, consequently the phenomena of the stage of collapse could not be due to the loss of salts, and that the saline treatment did not rest upon a good theoretical foundation. 5thly, That the changes observed during reaction were probably due, in part, to absorption of fluid into the circulation, and consequent dilution of the blood. This absorption sufficiently accounted for the small per centage of inorganic serous solids during reaction, and might assist in explaining the marked diminution of the organic serous solids. 6thly, That during reaction the fibrine was often proportionately increased, and that there was reason to believe that blood corpuscules were, at the same time, rapidly formed. 7thly, That the albumen, which was withdrawn from the circulation, was metamorphosed, converted into tissues excreted by the bowels, and in most cases likewise excreted by the kidneys. In nearly eighty per cent. of the urines examined during convalescence, albumen was detected ; its absence might, accordingly, be regarded as exceptional. 8thly, That the formation and retention of urea in the blood was always to be dreaded during reaction, and hence, that the use of diuretic remedies, and especially of such as were believed to possess the property of expelling urea from the system, was clearly indicated. Tabular statements of the analyses were exhibited.

Dr. Christison inquired if an experiment which he had made during the former epidemic, and which proved that the dark blood of cholera was yet quite susceptible of arterialisation, had been confirmed on this visit of the disease. He had found that the blood, when defibrinated by agitation in a phial with pieces of zinc, rapidly assumed the arterial hue when subsequently agitated with atmospheric air or with oxygen gas. Dr. Douglas Maclagan and Dr. William Robertson had both recently confirmed the accuracy of Dr. Christison's observations.

A conversation followed, chiefly regarding the effects of remedies during the recent epidemic. It was stated, that the saline injection of the veins had been practised in the cholera hospital in twenty-five or twenty-six cases, and that although remarkable temporary benefit seemed sometimes to result, no patient had survived the operation more than eight days. In 1832 about 1-6th of those

whose veins were injected recovered; profound collapse was, however, not always waited for before recourse was had to the operation. The *diuretics* used on the present occasion were bitart.-potass, nitre, digitalis, colchicum, and tinct. lyttæ. Blood-letting practised early was the remedy which Dr. Robertson had found most efficacious in averting the most formidable symptoms of the disease.—*Prac. of Eding. Med. Chi. Soc.*

On the Analogy and Differences between Tubercle and Scrofula. By M. LEGRAND.—M. LEGRAND terminates an elaborate and valuable series of papers, abounding in illustrative cases; the fruit, he states, of several years' research, with the following positions:

"1. There undoubtedly exist analogies which we may call symptomatic, between tubercle and scrofula—that is to say, one of these two morbid principles; the tubercular may exhibit itself by symptoms which appear to belong to the other. It is not the case with regard to the latter. 2. Tubercle possesses, so to speak, its morbid individuality, its molecular element—the tubercular globule—which is often met with in the scrofulous manifestations of tubercle. 3. Scrofula is always deficient in the morbid molecular element, and its existence is only proved by the constancy of the effects which are attributed to it. 4. The chief, or even the only seat of tubercle, is in the internal organs, and the external manifestations of the morbid principle irradiate from the centre to the circumference. 5. Scrofula comports itself quite otherwise, and, manifesting itself on the skin or periosteum, irradiates thence towards the internal organs, which, however, it never disorganizes in the same manner as tubercle. 6. Tubercle, in spite of the impoverishment of the blood it always induces, does not destroy, at least in the early periods, the inflammatory element—the fibrine—which well explains the occurrence of the phlegmasiæ, which so often complicate it, and which always hasten its disorganizing progress. 7. Scrofula likewise impoverishes the blood, but, at the same time, it seems to annihilate the inflammatory element. Thus inflammations rarely complicate it; and when such complication does exist, it often favors the cure of the disease. 8. All the changes observed in the blood and urine of tuberculous and scrofulous patients are evidently consecutive; and they cannot be considered as the cause of these two diseases, whose principle is, nevertheless, very probably contained in the blood. 9. Tubercle is never curable, or, at least, such cure constitutes a rare exception, while scrofula is almost always curable."—*Revue Médicale.—Brit. and For. Med. Chir. Rev. for April.*

On Paracentesis in Acute Pleurisy. By M. TROUSSEAU.—M. TROUSSEAU has already published seven cases in which he has resorted to this operation, and more recently he has communicated two others to one of the Parisian Medical Societies. His cases belong to a variety of the disease which he thinks has not sufficiently excited the attention

of pathologists. In these there would seem to be a moderate amount of inflammatory action, as indicated by fever, pain, or cough; and yet, in a very few days an enormous amount of effusion distends the pleura, and menaces life itself by the compression of important organs it induces. Of nine such cases, three in which no puncture was performed —died, the six operated upon recovering. These six patients could not, however, be regarded as being in a state of immediately imminent danger; and M. Trousseau does not regard the operation as a last resource, but believes we should resort to it at a sufficiently early period to prevent fatal accidents which possibly may occur; and refers to several fatal cases occurring in the practice of himself or others, in which, had the great effusion present been removed, the patients might have recovered. He employs a somewhat shorter trocar than is generally in use, having a stop to regulate the extent to which the blade is to be admitted, and provided with a valve of moistened leather, which prevents the admission of air after the withdrawal of the fluid. Before puncturing the parietes, also, he makes a small crescent-shaped incision into the integuments, and passes the trocar beneath its upper lip, so that, on withdrawing the canula the skin entirely covers the aperture. The puncture gives little pain, the lungs and heart resume their proper position, and free respiration is restored.—*L'Union Méd.*—*Brit. and For. Med. Chir. Rev. for April.*

On the Effects of Cauterization in the Inoculation of Animal Poison.—M. Parchappe addressed a communication to the Academy on the effects of cauterization in cases of poisonous and venomous inoculation. The experiments made by M. Renault, and communicated at a previous sitting of the Academy (vide Med. Gaz. No. 1100,) on the absorption of virus, have established the fact that cauterization is shown to be inefficacious in preventing the absorption of glanderous virus one hour after inoculation, and of scabby virus five minutes after inoculation. Fearing that these experiments might lead to a general inference that cauterization was ineffectual in other poisonous and venomous inoculations, M. Parchappe communicated a series of experiments made by him at a time when he paid considerable attention to the study of the different theories of absorption; experiments which led him to establish the efficacy of cauterization in the treatment of poisonous and venomous inoculations, and to claim for it a greater value even than had previously been accorded to it.—*Med. Gaz.*

SURGERY.

Cases of Gun-Shot Wounds.—By C. D. Gibb, M. D.—In our last number we presented the reader with the portion of the papers of Dr. Gibb, embracing the more important wounds of the head and

neck; in the present are included those of the chest and abdomen. In our next we shall give those of the extremities.—*Ed. N. Y. Jour. Med.*

In continuation of the subject of gunshot wounds, I enclose the following cases, where the chest and abdomen were implicated; they are few in number, but will be found not devoid of interest, and I hope that they will prove acceptable to your readers.

From the immediate fatality frequently attendant upon wounds involving the great cavities of the body, a comparatively small number of them were to be seen in the hospital after the events of June. Of those who survived the primary effects of their injuries, a few were very speedily cured by the most active treatment, whilst, again, others, in the majority of whom the wounds involved the thoracic cavity with lodgment of the balls, are even now to be found; the issue of those cases is as yet doubtful; my notes of these latter are of course not yet completed, and I refrain, on this account, from forwarding them.

All of the cases which I now send have fallen under my personal observation, but the notes of four I have, as you will perceive, preferred extracting from the *Gazette Medicale.*

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20. Case of a soldier of the line, in the *Hotel Dieu*, where a musket ball penetrated the left arm, without fracturing the bone, and entered the chest, fracturing the left edge of the sternum near its middle, and remaining lodged in the anterior mediastinum. On inspiring freely, air bubbled out of the wound, with oozing of blood, and it was supposed, from this circumstance, that there was wound of the lung; the patient, however, never spat blood, but suffered from dyspnœa, cough, and symptoms of pleuritis, for which he was actively treated. Sloughing, to some extent, occurred around the wound, and the beating of the heart against its under surface was very plainly seen. Some weeks afterwards he was very weak, with hurried breathing, loose cough, and expectoration of frothy mucus; muco-crepitating rales were heard over the anterior surface of the right lung. On coughing, pus and air escaped out of the wound, which then looked healthy. On the sixty-second day an abscess from within pointed on the right side of the chest near the nipple; it was opened, and permitted of the extraction of the ball with perfect ease, since which time he has been progressing favorably. He now (8 Sept.) is gaining flesh and strength, sleeps well, has a good appetite, and his healthy colour is returning, his pulse is 90, and soft, and his respiration 24 in the minute.

21. Case in the *Hotel Dieu.* A ball had entered the left side of the chest, just below the clavicle, passing outwards near the inferior angle of the scapula; this was a most severe case, hemorrhage occurring from both wounds, accompanied with distressing cough and spitting of blood, the physical signs of pneumonia quickly presenting themselves. Although actively treated at the commence-

ment, this case lingered till the tenth week, when it terminated fatally.

22. Case of a woman in the *Hopital St. Louis*, who had received a wound from a ball which had entered just above the heart, remaining lodged in the cavity of the chest. She had spitting of blood, &c., was bled eight times, and in 15 days after she was discharged cured.—*Gaz. Med.*

23. Case of a man in *St. Louis*, wounded by a ball which had penetrated the cavity of the chest, behind the clavicle, passing in an oblique direction from above, downwards towards the middle of the scapula, which it had fractured. The fact of penetration was indicated by the spitting of blood, by the dullness on the same side of the chest, and even, said the surgeon, by the existence of pneumo-thorax. This patient was bled seven times, and, when last seen his cure was considered complete — *Gaz. Med.*

24. Case of a lieutenant of the Garde Mobile, also in *St. Louis*, who had been wounded by a ball which entered the chest near the scapula: he had, immediately after, spitting of blood, which continued for several days. He was bled seven times, when, finding himself sufficiently well, he went into the gardens of the hospital to smoke a cigar. Scarcely had he committed this foolish act, when he was seized with dyspnœa and spitting of blood. A fresh bleeding proved sufficient to restore him completely, and permit of his departure from the hospital.

25. Case of a Garde Mobile, aged 19, in the *Hotel Dieu*. A ball had entered his chest, above the left clavicle, and passed out in the scapular region, fracturing the bone in its course. The patient spat blood in great abundance; he was bled five times; the splinters of the fractured scapula were extracted; he was purged once, and was discharged from the hospital after a stay of only 20 days.—*Gaz. Med.*

26. Case of a young Garde Mobile, who was wounded in the *Clos St. Lazare*, the ball entering near the vertebral column, a little below the scapula, traversing the convexity of the side of the chest, and becoming lodged near the sternum, appearing as if the chest had been penetrated. In this case, the dyspnœa, the distress of the patient, together with the presence of the ball at a point opposed to that of its entrance, naturally led to the supposition of penetration. The ball was extracted shortly after, and the case did well.

27. Case in *St. Louis*, where a ball had entered the external surface of the left arm, three inches below the shoulders, passing behind the humerus and in front of the scapula, making its exit near the spine. Extensive suppuration followed, requiring numerous openings to let out matter, and the patient was quite cured in the early part of August

28. Case also in *St. Louis*, where a ball had entered the left side of fifth dorsal vertebra, becoming deeply lodged in its substance, and closing well without suppuration, or any bad effects whatever.

29. Case in *La Charité*, of a soldier of the line. A ball had entered near the shoulder, between the scapula and clavicle, and remaining lodged. Great suppuration followed, requiring openings at the inferior angle of the scapula, the anterior surface of the shoulder, and other places; from the two former protruded large flabby granulations. The wound, on 26th July, extended downwards over the whole of the anterior surface of the scapula; it was probed, and there were withdrawn portions of the fringe of his epaulette and pieces of his coat and shirt. From that time the wounds began to close, and were healed by the 17th September, the ball still remaining lodged. He could not then raise his arm, but could move it backwards and forwards.

30. Case in the *Val de Grace*, of a soldier of the line, who had received a wound in the *abdomen*, the ball entering in the epigastric region, wounding the left lobe of the liver, and passing out over the anterior surfaces of the left inferior ribs, crossing them to its course, which was slightly circuitous; the wound produced an hepatic fistula, with the escape of bile and blood, *noir comme de laudanum*; he had the symptoms of local peritonitis, which were speedily dissipated. The inflammation, however, was sufficient to produce adhesion between the wounded surface of the liver and the peritoneum, closing the fistula, and merely leaving the open wounds of entrance and exit, which after some weeks had perfectly healed, and the soldier was discharged cured.

Another equally interesting case, where the liver was wounded, followed by a perfect cure, occurred in the same hospital, but I have been unable to procure the notes of it.

31. Case in the *Hospital St. Antoine*, of wound of the abdomen, where the ball had entered the superior part of left iliac region, wounding the intestines. Peritonitis supervened, which, however, yielded to treatment; and the result of the case was, the formation of a fistula communicating with the small intestine, from which escaped, at times, fœcal matter, together with a dark greenish fluid, resembling bile.

32. Case, in the *Val de Grace*, of a soldier of the line, who received a wound from a ball which penetrated the left side of the abdomen, remaining lodged in its cavity; there did not appear to be a communication between the opening and any wounded intestine; symptoms of peritonitis quickly showed themselves, but were overcome by active treatment, as in the former case, and the patient, when last seen, was progressing favorably, but the wound had not closed.

33. Case, in *La Charité*, of an officer, who had received a wound in the anterior part of the right side of the abdomen, from a ball, which had passed out behind, to the left of the vertebral column; all of the signs were such as to lead to the belief that it had traversed the abdominal cavity. No symptoms of peritonitis followed, and after he had recovered from the primary effects of the shock he appeared to be about to attain a speedy cure, when an unfortunate

accident, a phlebitis falling upon venesection, caused him to succumb, and furnished an opportunity of ascertaining the real tract of the projectile.

Autopsy.—The ball, after having traversed the integuments of the abdomen, as the pain indicated, was immediately directed from its course—probably by the influence of muscular contraction—and glided along between the skin and the musculo-aponeurotic layer, as far as the spine, where it had become divided into two fragments of unequal size, the larger of which, after passing *over* the spinous processes, had escaped through the opening to the left of the vertebral column.—*Gaz. Med.*

34. Case of a man, in *La Charité*, who had received a shot on the right side of the abdomen, the ball having passed out on the left at a corresponding point; peritonitis supervened on the second day. Every one believed that the ball had passed completely through the abdominal cavity, but under the influence of general blood-letting, and of the free application of leeches and emollient poultices, the inflammatory symptoms were dissipated as if by enchantment, and it was soon perceived that the wound merely concerned the integuments.

35. Case in the *Hotel Dieu*, where a ball had entered over the lower ribs of left side, traversing the integuments, and escaping just above the anterior superior spinous process of the ilium. Discharged well in August.

36. Case in the *Hotel Dieu*, where a ball had entered midway between the anterior superior spinous process of the ilium, and the trochanter major of right side, making its exit at the very margin of the anus; no bad effects followed, and the man was discharged well in August.

37. Case in *St. Louis*, where a ball had entered the left groin, traversing the perineum, and escaping behind the trochanter major of the right femur; suppuration, to some extent, followed, but the cure was nearly complete by the middle of August.

38. Case in the *Hotel Dieu*, where a ball had entered in the upper part of the umbilical region, taking a course obliquely downwards and outwards, and making its exit an inch above the crest of the ilium, having traversed the integuments. The patient was well by the end of July.—*Brit. Amer. Jour. Med. Sci.*

Morbid Growths and their Extirpation.—Mr. Hunt, in the Provincial Medical and Surgical Journal, May 2d, sums up an interesting paper on this subject, with the following conclusion:

"The extirpation of morbid growths may be said to be *indicated* (their position being convenient for operation,)—1. Wherever the disease is clearly the result of local or mechanical irritation from some external source. 2. Whenever the tumor is neither painful, tender, nor progressive, the health being good. 3. Whenever it can be fairly demonstrated that the pain or irritation of the tumor, being the primary and sole cause of disturbed health, its removal will be the least of two

evils. 4. A tumor in the mamma, originally depending on disordered health, may, *after the health is restored,* become painful from the pressure of the dress, and thus the absorbent glands may be excited and the uterine functions disturbed. Excision may be justifiable in such a case; but the proper time must be chosen, and great attention should be paid to the health subsequently.

"The extirpation of morbid growths may be said to be *contra-indicated,*—1. When failing health precedes or accompanies the appearance of local disease. 2. When the disease is advancing, the tumor sensibly growing, no local or mechanical cause of irritation being apparent. In this case it is right to assume the existence of latent constitutional disease, and to treat the case medically rather than surgically. 3. When there is a plurality of tumors. 4. When the disease re-appears, whether soon or late after an operation for its removal."

Removal of the Os Calcis. By Mr. Hancock.—At a meeting of the Westminster Medical Society, held January 6, Mr. Hancock related a case of caries of the os calcis, where he operated by removing that bone.

R. W. aged twenty-four, a butcher by trade, and of scrofulous diathesis, was admitted into the Charing Cross Hospital under Mr. Hancock's care, on the 23d May, 1848. He was suffering from caries of the os calcis of the right foot, with abscess; the bone was rough, but not loose. As his other leg had been removed two or three years before, for scrofulous affection of the knee-joint, Mr. H. was anxious to preserve as much of the remaining foot as possible; and as the os calcis seemed the only bone affected, he determined to confine his operation to it alone. Accordingly, on the 2d of June, the patient being under the influence of chloroform, Mr. H. assisted by Messrs. Avery and Canton, removed the bone, by carrying an incision from the posterior angles of the inner malleolus, across the sole of the foot, to the external malleolus, the convexity of the flap looking forwards. The flap thus made was carefully reflected, the tendo achillis divided, and the knife being carried from behind forwards, between the astragalus and the os calcis, the latter was dissected out without any difficulty. Two or three vessels were tied, and the flap brought over; the edges were united by sutures and strapping. All went on very well until the 6th, when erysipelas came on, along with severe constitutional disturbance. On the 9th a large portion of the flap sloughed; and it eventually came away. On the 16th only sufficient skin remained to cover the bones completely. The patient continued to improve until the middle of July, when he was again attacked with erysipelas; several abscesses formed both in the foot, above and below the wound, and in the leg and ham; his strength gave way, and he became very low and weak, and it was very evident that there was very little probability of the limb being saved; but Mr. H. being anxious to give him every chance, determined to try the effect of the protein, so highly recommended by Mr. Tuson; this was accordingly given in doses

of fifteen, afterwards increased to twenty grains thrice daily. His general health improved, but the foot did not mend; and at length constitutional symptoms returning, and further delay appearing dangerous, Mr. Hancock removed the leg, at about five inches below the knee, on the 6th October—four months after the former operation.—*Lon. Med. Gaz. Jan.* 19, 1849.

Excission of the Head of the Femur. By Mr. H. Smith.—Mr. Smith gives a detailed account of a case of spontaneous luxation of the femur, the result of disease of the hip-joint, in which he performed the operation of excision of the head of that bone, having, after careful examination and consultation with Mr. Ferguson, and several other surgeons, formed the opinion that the disease was entirely confined to the femur. Little difficulty seems to have been encountered in the performance of the operation, owing to the superficial position of the bone upon the dorsum ilii. The case went on favorably for some time, but unsatisfactory symptons afterwards appeared, the wound continued to discharge unhealthy matter; the patient gradually became more and more exhausted, and died about three months and a half after the operation. On examination after death, extensive disease was found to exist, both in the ilium and in the lumbar vertebræ.—*Lancet, Dec.* 1848.

[This case affords an example of the extreme difficulty of determining to what extent the bones are affected in hip-diseases; the absence of any symptoms indicating disease of the pelvis or vertebræ, having very naturally led to the conclusion that the head of the femur was alone affected. We are only aware of three cases being on record, in which a similar operation has been performed with success; one by White, in 1818; another by Professor Textor, of Wurzburg, in 1845; and the third by Ferguson, in the same year.]—*Month. Jour. Med. Sci.*

MIDWIFERY.

Tapping for Dropsy of the Amnion. By Mr. Lawrence.—The following is an abridgment by Mr. Lawrence, from his note-book, of a twin case in which abortion took place, and in which there was a great excess of liquor amnii:—

"Mrs. —— is four months gone in third pregnancy. At the end of the second month she seemed larger than in due proportion to the period of pregnancy, but there was no abdominal pain, and the general health was good. The only peculiarity was, that the sickness incident to her state was much more severe than in either of her former pregnancies. About six weeks ago (between the second and third month) she began to experience frequent pain in right lumbar and umbilical regions, which still persists. Her size, since the occurrence of the pain, has been rapidly increasing, and now she presents the appearance of a woman at the full period of utero-gestation. Fluctuation is well marked over the whole abdo-

men. Diagnosis, 'Pregnancy with ascites.' With the view of removing the latter, she was placed under the usual treatment, and, failing to derive any benefit from it, after eight or ten days I met a medical friend in consultation on the case. He concurred in the diagnosis, and in the pending necessity for the performance of paracentesis. This operation was accordingly performed on Saturday at mid-day, and about six pounds of straw colored fluid were withdrawn. The stream through the canula was never full, and never clear, being always more or less tinged with blood; frequently it was altogether interrupted by a substance which felt soft and spongy when turned aside by the probe, and from which hemorrhage to the amount of five or six ounces proceeded. For some time before the canula was withdrawn, only blood flowed through it. The hemorrhage having ceased, the canula was withdrawn and the wound closed. The size of the abdomen was not one half reduced by the operation.

"*Second day.* Passed a good night; but, between eight and nine this morning, after a little exertion moving round in bed, there was slight hemorrhage per vaginam, followed by rigor and quick pulse, but no abdominal pain. At five P. M. I was summoned suddenly to the patient. About an hour previous, while turning in bed, the membranes burst, and an immense quantity of water was discharged. The bed was literally flooded. In half an hour after this discharge labor pains came on, and ere I arrived two female fœtuses were expelled, and the half of a double placenta. I delivered the remainder. The quantity of blood lost was trifling. The fœtuses seemed to have been between the fourth and fifth month, and the membranes were of very great size. The uterus was quite contracted, and the abdomen now reduced to its natural dimensions. There was a little febrile excitement for a few days after this; but subsequently the case progressed favorably, excepting that suppuration in one of the mammæ retarded recovery for a time.

"A case very similar to the above is recorded by Desmerais, and quoted by Dr. Davis, wherein the same error of diagnosis was committed, and the same treatment pursued. Twenty-one days, however, elapsed between the tapping and the occurrence of labor, whereas in the above case the interval was only about twenty-eight hours. Desmerais' case, like my own, was one of twins, and so also was that of M. Devilliers."—See *Dr. Davis's Obstetric Medicine. Month. Retros.*

Treatment of Uterine Catarrh by Intra-uterine Injection. By M. Strohl.—The practice of injecting liquids and unguents of various kinds into the cavity of the uterus has frequently been proposed and had recourse to, but the beneficial effects of this mode of treatment, when properly pursued, have never been fully appreciated. The rules which M. Strohl lays down are, *firstly*, to inject only a small quantity of the liquid, and, *secondly*, to provide that the canula through which it is injected be so small as not completely to close

the os uteri, but allow the liquid to flow back out of the womb, after its cavity is filled. By attending to these rules the danger pointed out by M. Lisfranc, of pushing the liquid through the Fallopian tubes and into the peritoneal cavity, will be altogether avoided.

The injections may be of very various composition. M. Strohl frequently uses a weak solution of the ioduret of iron. The operation of injecting may be repeated every day, or, better, every third or fourth day; and they must be laid aside some days before the appearance of the catamenia. In cases complicated with acute or subacute metritis, the injections cannot be safely tried. M. Strohl believes that induration and excoriation of the uterine neck are often caused or kept up by the uterine discharge, and that in these cases the uterine injections are indicated.—*Month. Retros. from Gazette de Strasbourg*, 1848.

Case of Hydrometra occurring in an Unimpregnated Uterus.—By Dr. Grandidier. This case occurred in the person of D. F. ætat. 21, unmarried, and of a scrofulous habit of body. In November, 1842, her menses—which had been very irregular—were arrested, and the belly began to swell, so that, in twelve weeks, it resembled that of a pregnant woman in her last months. The distension was as equable as in ascites, but a fluctuation was only very obscurely felt. The extremities were swollen, respiration hurried, and the amount of the urine small. Examination, *per vaginam*, having proved the groundlessness of the charge of pregnancy, she was treated by various hydragogues, &c. as for ordinary ascites; and it was not until paracentesis had been in vain attempted, that hydrometra was diagonized. Ten grains of *secale cornutum* were now ordered every two hours, until uterine action was developed. Great pain and anguish was thus produced, which continued for twenty-four hours, when (120 grains of *secale* having been taken) a small plug of mucous was expelled from the vagina and followed by the uninterrupted flow of 6 *maas* (64 oz.) of a clear watery fluid. The patient's sufferings were much relieved—her general condition improved—and, while taking Stahl's pills, her menses returned. Still, her belly never resumed completely its normal size, and at intervals, varying from one to three weeks, there were gradually expelled other 18 maas of the same fluid. In June, 1843, she repaired to the sulphureous waters at Nenndorf, the belly being as large as in advanced pregnancy; and the menses again disappearing, 10 maas of fluid were discharged from the vagina. In August, 7 maas, and in September, 39 were discharged; but after this period, the mineral waters and other means employed having removed the deranged condition of the digestive organs under which she had long labored, the discharge of water, *per vaginum*—which had probably accumulated during the statis of the venous abdominal circulation—entirely ceased.—*Brit. and For. Med. Chir. Rev. from Neue Zeitschrift für Geburtskunde.*

The following Table exhibits the principal results of the Dublin Lying-in Hospital, from its foundation in 1757, to the end of the year 1847, under each particular master; being extended over a period of 90 years. The table is reduced from the published abstract, with three additional columns, showing the fœtal, infantile, and maternal mortality. By CHARLES CLAY, M. D. Manchester, Editor of *The British Record of Obstetric Medicine and Surgery, &c.*

Name of Master.	Women delivered	Boys Born.	Girls Born.	Total Born.	Twin cases.	Triplet cases.	Quadruple cases.	Children Died.	Children still born.	Total Deaths Children.	Women died.	Deaths per cent. on Children born.	Deaths per cent on women delivered.	Twins per cent. on deliveries.
Dr. Moss,	915	513	424	937	21	1	0	155	46	201	14	22	1½	2¼
Dr. Ould,	3,800	2,035	1,819	3.854	54	0	0	708	197	915	49	24	1¼	1½
Dr. Cullum,	4,724	2,562	2,238	4,800	76	0	0	892	258	1,150	65	24	1¾	1½
Dr. Jebb,	5,903	3,116	2,891	6,007	103	1	0	921	269	1,190	63	20	1½	1¾
Dr. Rock,	7,088	3,849	3,365	7,214	124	2	0	553	411	964	54	13½	¾	1¾
Dr. Clarke,	10,787	5,629	5,244	10,873	170	3	1	421	580	1,001	124	10½	1 1-7	1½
Dr. Evory,	11,357	6,066	5,527	11,593	228	8	0	401	600	1,001	86	11½	1½	2
Dr. Kelly,	14,790	7,789	7,271	15,060	264	4	0	336	974	1,310	163	8¾	1 1-10	1½
Dr. Hopkins,	18,727	9,951	9,100	19,051	323	2	0	403	1,063	1,466	217	7¾	1 1-6	1¾
Dr. Labatt,	21,867	11,546	10,605	22,151	281	3	0	399	1,535	1,934	309	8¾	1½	1¼
Dr. Pentland,	12,885	6,746	6,298	13,044	159	1	0	154	827	981	198	7½	1½	1¼
Dr. Collins,	16,391	8,498	8,144	16,642	241	4	0	157	1,017	1,174	158	7	15-16	1½
Dr. Kennedy,	13,167	6,776	6,547	13,323	156	1	0	79	651	730	224	5½	1⅝	1½
Dr. Johnson,	13,699	7,191	6,695	13,886	187	2	0	154	863	1,017	179	7¼	1½	1⅜
Total.	156,100	82,267	76,169	158,436	2,400	32	1	5,704	8,291	13,995	1,903	8 1-6	1¼	1½

This table possesses considerable interest and value, inasmuch as it shows, at a single glance, some of the most important results of obstetric practice. It has been condensed from the original, and, notwithstanding the addition of three columns embracing the fœtal, infantile, and maternal mortality, occupies much less space. This table proves the preponderance of male to female births to be as 12 to 11; it also proves, that for the first half period of the Hospital's existence, viz. from the foundation to the year 1800, infantile deaths were more numerous than still born cases; whilst for the latter half period, viz. to the year 1847, the still-born cases greatly exceeded the infantile deaths. This may be attributed to the improvement in the treatment of infantile diseases, and to the excellent mode of ventilation proposed by Dr. Josh. Clarke. The per centages which are not so dependent upon the exercise of professional skill, present an almost undeviating uniformity. We could have wished that the original report had included other results which are of considerable interest and importance to the obstetrician; but as it appears, it will prove of great utility.

* The per centage of deaths of children includes, of course, the still born.

On Inflammation of the Umbilical Cord in Infants.—By M. Mildner, of Prague. The separation of the remains of the cord after birth takes place either by a dry or moist gangrene. In both cases, a certain degree of inflammatory action accompanies the separation. In the first form, which is the most common in healthy and vigorous children, the inflammation is of limited extent and suppurative. In the latter, there is left, after separation of the dead portion, an ulcerated depression, in which a conical projection shows the situation of the occluded vessels; and this ulceration may extend down to the peritoneum. In these cases—which almost always occur in the ill-nourished children of diseased mothers, and especially during epidemics of puerperal fever—inflammation of the umbilical vessels of the peritoneum, with purulent infection, are very apt to occur. Purulent infection is denoted by the sudden accession of fever, with pungent heat of skin, dry tongue, thirst, dyspnœa, tumultuous action of the heart, constipation and general convulsions. The most certain sign, however, is the formation of metastatic abscesses, which, in infants, take place much more frequently in the skin and joints than in adults. The inflammation usually attacks several joints at once; in its consequences it is not dissimilar from simple inflammations, which, however, are rare in the joints of the infant, except as the consequence of injury or strain during birth. Metastatic inflammations of internal organs differ little from those of the adult; lobular pneumonia (mostly with pleurisy) and purulent infiltration of the mediastinum, with abscess of the thymus gland, are not uncommon. Hemorrhage from the umbilicus occasionally occurs in purulent infection. Convulsions occurred in five out of forty-eight cases of inflammation of the umbilical cord. In two cases they were due to universal purulent arachnitis; in one to an extravasation on the duramater; in the others they were probably reflex. The convulsions were always general, but were strongly marked in the muscles of the face.—*Monthly Journal and Retrospect*, from *Präger Vierteljahrschrift*, Jahrgang V. Band ii. and *Œster.—Med. Wochenchrift*, 15th April, 1848.

MATERIA MEDICA AND THERAPEUTICS.

On the Employment of Iodide of Potassium in Saturnine and Mercurial Affections. MM. Guillot and Melsens have recently presented a Memoir to the Académie des Sciences, detailing an experimental investigation they have undertaken respecting the powers of iodine in lead and mercurial saturation of the system. The object in view is to render soluble the metallic compounds which have entered the economy, by associating them with a body of very easy elimination. All the insoluble compounds, formed by the salts of mercury with the matters met with in the economy, are soluble in iodide of potassium, which substance is easily and rapidly got rid of by the economy. By analogy we may infer, that the compounds of lead retained in the economy are also very probably dissolved and eliminated in the same man-

ner; and in the memoir, cases of saturnine affections so cured are given. Sulphuric acid, or the sulphates, cannot be regarded as curative agents in the chronic diseases due to the employment of lead, seeing that sulphate of lead is itself a poison, capable of killing animals in a few weeks. If, however, we give to the animal sulphate of zinc and iodide of potassium simultaneously, no injurious effect results. If, nevertheless, we suddenly give a large dose of the iodide to a dog already suffering from disease from lead poisoning, it is speedily killed; while, if we give it in small and gradually increased doses, the animal gets rapidly well.—*Brit. and For. Med. Chir. Rev. from Gazette Médicale.*

On Cannabine.—By M. Dorvault. Cannabine is generally seen as an amorphous substance, of a brown color in the mass, and greenish in its lamellæ. Heated on platina it liquifies, takes fire, and burns without residue. It has an aromatic and nauseous odor, and a peppery, acrid taste. It is insoluble in water, and hence the impropriety of decoction or infusion of Indian hemp; but is soluble in alcohol, ether, fats and oils. It was employed by Dr. Willemin in treating cholera at Cairo, and affords a good means of exactly apportioning the dose of Indian hemp, the different preparations of this containing the active principle in very various proportions. It may be given in the form of pills or tincture. The latter is formed by dissolving one part in nine of alcohol, and filtering at the end of some hours; one gramme of this contains ten centigrammes (2-5ths of a grain) of cannabine, which is the dose employed by Dr. Willemin in cholera. It may be given in infusion of tea or chamomile, and its action is assured by taking a cup of coffee at the same time, or soon after. The form of pill is, however, preferable; as the water to which the tincture of cannabine is added, owing to the insolubility of this, becomes turbid.—*Brit. and For. Med. Chir. Rev.* from *Rev. Méd. Chir.*

On the Hæmostatic Properties of Cotton, by M. Bourdin.—M. Bourdin states that he has long availed himself of the hæmostatic properties of this substance, and relates some of the cases in which it appears to have been very efficacious—as epistaxis, hemorrhage from varicose veins, opening the temporal artery by caustic, &c. It is of no avail in hemorrhage from arteries of large calibre. The wound must be very carefully sponged, and the cotton exactly applied, by successive fragments, and moderate pressure maintained over it for several minutes. If the first attempts prove unsuccessful, the cotton should be entirely removed, and a new piece applied. When successful, it adheres to the part with great force, although sometimes a sero-sanguinolent fluid still, for a while, oozes out, on account of which the cotton need not be removed. The cotton becomes as hard, and as difficult to cut, as thick pasteboard, resists the action of water, and can only be removed at the

expiration of several days, when loosened by suppuration.—*Brit. and For. Med. Chir. Rev.* from *Review Médicale.*

On the Treatment of Angina Tonsillaris, by minute Doses of Calomel.—By M. Rene-Vanoye. A practice has sprung up in France of treating certain inflammatory affections by small doses of calomel, which seems deserving of trial in our over-dosing country. M. René-Vanoye, in the present paper, speaks very highly of the efficacy of one-grain doses, given twice a-day, in acute *angina tonsillaris*, and which, if commenced prior to the formation of matter, induce resolution far more rapidly than is effected, if effected at all, by the ordinary measures.—*Ibid.*

On the Treatment of Asphyxia of Confluent Variola, by Dr. Herpin.—Dr. Herpin observes that, in most cases of small-pox which have produced death, independently of complications, no other changes are found than traces of the eruption at the upper portion of the respiratory passages. So persons who have watched these cases are aware, that, after having manifested a raucous voice and cough, and then aphonia, they die with all the signs of suffocation. These remarks, made by several observers, have not yet sufficiently excited attention as to the means of prevention of the consequence by the removal of the cause. The indication is very similar to that furnished by croup; the eruption in this case, however, having less tendency to affect the divisions of the bronchial tree than have the pseudo-membranes of croup; nor do the softened *débris* of the epithelium present the same tenacity or adherence, or the same tendency to reproduction.

The affection, indeed, should be combated before it reaches the extreme point, when it renders swallowing difficult or impossible; and the author refers to a case in which he successfully resorted to cauterization by the nitrate of silver. In other cases, exciting vomiting, by the tartar emetic, forms an excellent method; and he suggests that Kermes mineral, or sulphuret of potass, might be useful in the less urgent cases.

An interesting case was the immediate cause of the publication of these remarks. A man—ætat 28—having complete vaccine scars on his arm, took the small-pox in its most virulent form—it becoming very confluent. By the eighth day, when the suppuration had attained its maximum, the breathing became excessively embarrassed, (though the respiratory organs exhibited nothing anormal,) and deglutition very difficult. The patient lay exceedingly prostrated and somnolent. Tartar-emetic got down with difficulty, but soon produced cough and expectoration, and then vomiting, followed by amendment; so that a few doses removed all impending danger. Desquamation did not occur until the sixteenth day.—*Brit. and For. Med. Chir. Rev.* from *Gazette Médicale.*

MISCELLANEA.

New Sign that a Child has been Born Alive.—Dr. Virchow has announced that the presence of uric acid in the kidney, which may be detected with the naked eye, is conclusive of a child being born alive. His conclusions are—

1. That uric acid deposit is never found in children born dead, or who have died within forty-eight hours after birth.
2. That the deposit does not occur before forty-eight hours after birth.
3. That it is not generally found later than the twentieth day after birth.—*Medical Times*, Jan. 20th.

Statistics of the Hospitals and the Medical Profession in Paris.—The administration of the Parisian hospitals employs 2500 individuals, and possesses a budget of from fifteen to sixteen million francs. There are fifteen hospitals, furnishing 7174 beds, and receiving 90,000 patients per annum. Besides these, there are 4 large hospices, and 7 retreats for 8000 aged and infirm persons. More than 100,000 receive *secours à domicile ;* and above 25,000 foundlings are provided for. The following are the names, and number of beds of the various hospitals :

GENERAL HOSPITALS.		SPECIAL HOSPITALS.	
Hôtel-Dieu .	810 beds.	St. Louis . . .	825 beds.
St. Marguerite .	300 "	Du Midi . . .	300 "
La Pitié . .	621 "	De l'Orsine . . .	300 "
La Carité . .	494 "	Enfans Trouvés . .	600 "
St. Antoine . .	320 "	Maison d'Accouchement	514 "
Necker . .	329 "	Maison des Cliniques	120 "
Cochin . .	325 "	Maison de Santé St. Denis	150 "
Beaujon . .	438 "		
Bon Secours .	334 "		
De la République	600 "		

A year or two since some of the Parisian medical journals, alarmed at the constant increase of the number of the profession, called aloud for some legislative means of repression. The number of qualified doctors of medicine steadily increased from 1090 in 1833, to 1442 in 1847 ; added to which, there were, in this last year, 175 of the lower qualified practitioners, termed *officiers de santé*, giving 1617 legalized practitioners for little more than a million souls ; (including hospitals, garrison, and other unremunerating bodies ;) while in London we had, at the same period, but 2500 regular practitioners for our two millions. Moreover, the midwives are, in Paris, a numerous body, (480 in 1847,) absorbing much remunerative practice, which, in London falls to the practitioner. Then, again, classes of persons there resort to hospitals who here pay for their attendance. If the remaining patients had been equally divided among the 1617 regular practitioners, it was calculated that 150 per annum would fall to each,—the charge for visits being 5, 3, 2, francs, or even less ; and no bad debts being recoverable

at the expiration of a year. One of the effects of the revolution has been, to produce at least a considerable temporary diminution of the numbers. Thus, at the commencement of the present year, there were but 1389, instead of 1442 doctors: the whole number of qualified practitioners diminishing from 1617 to 1555, and that of midwives, from 480 in 1847, to 385. The *pharmaciens* are the only proportion of the body-medical who have held their ground, their numbers being 345 in 1847, and 363 in 1849.

Mortality. Of the 1423 doctors at the commencement of 1843, there died 37 during 1843-4: of the 1430 in 1845, there did 50 during 1845-6: and of the 1442 in 1847, there died 56 during 1847-8.—*Rev. Méd.-Chir.*

On Influenza and Ozone.—By Dr. Spengler, of Elville.—Dr. Spengler remarks, on the incomplete state of our knowledge of the etiology of epidemic diseases, that the present crude theories of their dependence upon certain indefinite degrees of heat or cold in the weather will no longer be admitted; but that, by following up the discovery of ozone by Schönbein, we shall, having a tangible point whence to start, arrive at the clearness of truth, instead of the darkness which has hitherto hung over the subject.

He states, that in the village of Roggendorf, in Mecklenburgh towards the close of 1846, slight catarrhal affections became prevalent, that but slight trace of ozone was then to be detected in the air. With the opening of the following year, however, these catarrhal affections assumed the severest forms of tracheal and bronchial disease, and hooping-cough became common, both among children and adults; then re-agents detected a great increase of ozone in the atmosphere, and, at the same time, influenza spread over the district. On the 9th January the *ozonometer* showed a still further increase in the proportion of ozone present in the air. On the same day two persons died of influenza, and gradually the influenza spread more extensively, until on the 21st scarcely an individual had escaped. Thus there seemed a decided connection between the presence of ozone in the air and the spread of the epidemic.

Ozone is formed in the air by the decomposition of its water through disturbances of its electrical equilibrium: hence the peculiar pungent sulphurous and phosphoric odour. The nature and composition remains as yet uncertain. Sulphuric, probably also telluric and selenic acids, and phosphoric acid, destroy it. A very small proportion of the vapors of ether or alcohol, or of olefiant gas, will also prevent its development.

Its best test is iodide of potassium, which will detect its presence in infinitely small quantities in the air. A piece of paper moistened with a mixture of starch and solution of iodide of potassium forms an *ozonometer* far exceeding in delicacy the most accurate galvano-

meter or the most sensitive nose. The smallest quantity of free ozone (even only in the proportion of a hundred-thousandth) when neither galvanometer nor eudiometer show any change in the air, will be rendered manifest by the discoloration produced by the free iodine.

At the begining of the epidemic we have noticed there was but slight discoloration; it gradually became darker, till at last the ozonometer exhibited a blackish-brown color.

As the presence of ozone in the air is due to its electrical decomposition, it is necessarily influenced by its electrical tension.

If the prevalence of influenza and epidemic catarrh be owing to ozone, the vapors of sulphur, or sulphurous gases, must be protective against it. This is confirmed by (while it explains the immunity of) those engaged in or living near sulphur-works.

Dr. Spengler has been induced to publish his observations with the hope of inducing others to make further investigations into the existence and nature of ozone.—*Med. Gaz. from Henle's Zeitschrift.*

Chloride of Olefiant Gas as an Anæsthetic.—Mr. Nunneley, of Leeds, proposes the chloride of olefiant gas, (Dutch liquid, chloride of acetyle,) as possessing all the good qualities of chloroform, and as being the least irritating of any anæsthetic agent which he has tried. He says that he has tried it upon many dogs and rats, young and old, in large and small doses; in no one instance has he seen any irritation caused by it, nor any repugnance to its inhalation. The animal quickly and pleasantly passes into a profound state of insensibility, and remains so. He states, that a more death-like condition is recovered from than after chloroform, and in every instance the animals have quickly rallied and remained well, except in one where he intentionally destroyed it to observe the *post-mortem* appearances. Having ascertained the effects upon animals, he inhaled it himself, and found the action not only not disagreeable, but perfectly agreeable in every respect. His assistant, Mr. Beaumont, has taken it once, and his pupil, Mr. Morham, has taken it twice, on two successive evenings; both were rendered as insensible as is either necessary or safe for the performance of any operation whatever, or by whatever agent induced. In neither was there the least irritation; in fact both begged for more before becoming insensible, and when rallying from this condition, and both were immediately well. The latter of the two, who has three times inhaled chloroform, declares the effect of the Dutch oil, both at the time of inhaling and subsequently, to be far more pleasant than that of chloroform. He gave the Dutch oil to four gentlemen: in all it answered admirably, all had previously taken chloroform, and they were unanimous in declaring the oil to be more effectual, pleasant, and speedy, with less uncomfortable feelings afterwards.—*Prov. Med. and Surg. Journ.*

OBITUARY.

Death of Professor Blandin.—We have to record the death of M. Blandin, at the age of fifty, which took place on the 17th inst. The immediate cause of death was an attack of cholerine, but he had been suffering for some months from chronic disease, the nature of which is not mentioned. M. Blandin was born at Aubigny, department of the Cher, in December, 1798, where his father held a government appointment. At the age of seventeen he proceeded to Paris to commence the study of medicine. He had no friends, and his means were very small. But in Paris, with its excellent concours, these are not insuperable obstacles to the advancement of talent. From 1819 to 1841, amidst many defeats, M. Blandin was appointed successively Interne Protector of the Faculty of Medicine, Hospital Surgeon, Professor Agrégé, and lastly, Professor of Operative Surgery, in which chair he was a worthy successor to Richérand and Dupuytren. He was ardently devoted to his profession, and his untiring industry ceased only with his life. The concours has been accused of so exhausting those who appear in its arena, that the moment success crowns their labors they cease to work; but the life of Professor Blandin, as well as that of most of the professors in the French schools of medicine, is a sufficient refutation of this statement.

As an author, M. Blandin is most favorably known by his Memoirs on phlebitis, angeioleucitis, partial amputation of the foot, extirpation of the metacarpal and metatarsal bones, and on autoplasty, of which he was a most zealous advocate. He also contributed numerous articles, in different departments of surgery, to the Dictionnaire de Médecine; and was the author of several works on descriptive and surgical anatomy. In his death, the Parisian school of medicine has sustained a loss which it will be difficult to supply.—*Month. Jour. and Retros.*

Death of Dr. Prichard.—Died on the 22d of December last, in London, Dr. J. C. Prichard, in the sixty-third year of his age.

Dr. Prichard, we need hardly remark, ranked as one of the most distinguished of medical authors. His writings are amongst the most scientific which medical literature contains. His "Physical History of Mankind," "Treatise on Insanity in relation to Jurisprudence," and his "Critical Examinations of the Remains of Egyptian Chronology," are monuments to his fame that will endure so long as science is cultivated.

Death of Dr. Parkin.—On the 24th of March last, in Woolwich, Dr. Parkin, R. N. in the seventy-first year of his age. At the time of his death he was Inspector of Fleets and Hospitals, having served upwards of fifty-three years.

PART FOURTH.

EDITORIAL

AND

AMERICAN MEDICAL RETROSPECT.

Cholera in New-York, and its progress in the United States. —In presenting our readers with an account of the epidemic at present existing in this city, we shall confine our pen to a simple record of the facts which have accompanied its rise and progress thus far. Those who have read the carefully prepared and valuable paper of Dr. Sterling, in the original department of this number, will remember that it is there stated that a second visitation of the disease occurred in the first week of April, at the Public Stores, Quarantine, Staten Island; from this date to the 30th of May there occurred forty-three deaths, and during this period twelve only were brought on shore at Quarantine sick with cholera. From a private communication, prepared and sent us, at our request, by Dr. F. Harriot, one of the physicians of the City Dispensary, and under whose cognizance and care the first seven cases in this city occurred, we learn that, on Friday, May 11th, James Gilligan, an Irish laborer, residing in the rear basement of No. 20 Orange-street, (a part of the "Five Points,") sickened the previous night with vomiting and purging, attended with cramps: the discharges were represented to have been of a dark color. Being exceedingly intemperate in his habits, and having indulged freely in drink, his sickness was attributed to this circumstance, and he was treated accordingly. On the 12th he had so far improved that he was considered convalescing. On Monday, (the 14th,) Dr. H. learned that two women living in the same cellar had sickened late in the evening of the 12th, in a similar manner. On again visiting the place, he found the two women and his previous patient, (Gilligan,) presenting all the appearances of the stage of collapse of cholera. Their situation was truly deplorable—lying on a few filthy rags, on the half-decayed floor of a miserably damp and dark basement: the odor on entering the room was disgusting in the extreme. The symptoms which these cases presented were as follows: Vomiting and purging of a fluid resembling in a striking manner, rice-water; violent cramps; cold, corrugated and blue skin, covered with a thick, clammy perspiration; sunken eyes; pinched and sharpened vis-

age; a cold and lead-colored tongue; cold breath, and a scarcely perceptible pulse. Two of the cases died in a few hours. On the afternoon of the 14th a fourth case occurred: this patient died early the next morning. On Tuesday, (the 15th,) the resident physician of the city, Dr. GEER, was notified of the foregoing facts, who immediately visited the place, and reported to the Board of Health. On the following day, (the 16th,) the Board of Health convened, and a building in Anthony, near Centre-street, was seized upon for a temporary hospital, and Dr. WILLIAM P. BUEL appointed resident physician to the same. On the 16th Dr. HARRIOT reported three new cases, all of whom sickened the previous night; thus making seven cases and three deaths in all up to this date, from 20 Orange-street. On the 17th several new cases occurred; these, together with the previous cases that were still living, were removed to the temporary hospital. Of the new cases, two were not residents of No. 20, but of the immediate neighborhood, and who had attended there the "wake" of the first case. From the 11th, when the first case sickened, to the 18th, eleven cases had occurred, of whom six died. On the 19th the Sanitory Committee of the Board of Health reported that, for the forty-eight hours previous, no new case of cholera had occurred. On the 21st two new cases were reported; both fatal. On the 22d four new cases: one fatal. On the 23d the Sanitory Committee reported that no new cases and no death had occurred in the city since the last report. The resident physician also reported that the cases which had hitherto occurred were entirely sporadic in their character, and that the disease had not as yet assumed an epidemic form. From inquiry, however, we learned that there were, on the morning of the 23d, two deaths, and that the patients were brought in from the immediate neighborhood where the first cases occurred. On the 24th one case was reported, which proved fatal. On the 25th two new cases and one death. All these, as well as the cases thus far, were from the original nidus, No. 20 Orange-street, or its immediate neighborhood, and who had been directly or indirectly in communication with the first seven cases which occurred at this place. On the 26th, however, the Sanitory Committee reported two cases and one death as having occurred (on the 25th) at No. 10 Mulberry-street. They were removed to the Centre-street Hospital, under charge of Dr. BUEL. From this time cases continued to occur in different parts of the city, apparently without any connection with the previous cases. On the 8th of June the public school-house in William-street, near Duane, was seized upon by the Board of Health; and opened, under the care of Dr. ALEX. F. VACHE, on the 9th, for the reception of patients. The following is a tabular synopsis of the official reports of

the Sanitory Committee of the Board of Health, up to the 30th of June, including the cases up to the 26th of May. Total number up to

Date.		Cases.	Deaths.	Date.		Cases.	Deaths.	Date.		Cases.	Deaths.
May	26	20	11	June	7	38	19	June	19	41	10
"	27	0	1	"	8	26	12	"	20	30	14
"	*28	0	0	"	9	40	19	"	21	26	14
"	29	8	4	"	10	16	10	"	22	38	16
"	30	7	2	"	11	24	12	"	23	40	21
"	31	8	2	"	12	36	19	"	24	38	21
June	1	8	4	"	13	44	14	"	25	47	25
"	2	13	7	"	14	38	16	"	26	73	38
"	3	25	11	"	15	27	14	"	27	43	29
"	4	23	9	"	16	27	15	"	28	60	29
"	5	39	11	"	17	26	18	"	29	39	18
"	6	60	11	"	18	42	17	"	30	88	26

Thus it will be seen that the whole number of cases officially reported by the Board of Health up to June 30th was 1158, and that the whole number of deaths was 519. We have not learned that any direct communication could be traced between the cases that occurred at the Public Stores at Quarantine, Staten Island, during the first week of April or afterwards, and those that first occurred at No. 20 Orange-street; although, for a number of days afterwards, a direct communication could easily be traced between the cases then occurring.

On the 26th of May a fatal case (the first) was reported to have occurred in Main-street, Brooklyn, L. I. opposite New-York. On the 29th the Board of Health of that city reported one case, which proved fatal in a few hours. The following is a tabular synopsis of the cases officially reported by the Board of Health from the 1st to the 29th of June, including those which had previously occurred. Total number up to

Date.		Cases.	Deaths.	Date.		Cases.	Deaths.	Date.		Cases.	Deaths.
May	31	2	2	June	10	0	0	June	20	3	3
June	1	2	1	"	11	2	1	"	21	5	3
"	2	1	2	"	12	2	0	"	22	0	0
"	†3	0	0	"	13	2	1	"	23	2	1
"	4	4	2	"	14	2	1	"	24	0	0
"	5	4	2	"	15	1	1	"	25	5	2
"	6	2	2	"	16	0	0	"	26	6	3
"	7	3	1	"	17	0	0	"	27	3	1
"	8	0	0	"	18	5	3	"	28	4	2
"	9	4	2	"	19	3	3	"	29	6	2

Total number of cases reported 74; deaths 40.

* Owing to the absence of the Resident Physician, Dr. GEER, there was no report submitted to the Committee this day.

† On this and the following Sundays, marked with a †, there was no report from the Board of Health. The cases, therefore, are included in the following Monday's report.

On the 29th of May a case was reported to have occurred at Williamsburgh, opposite New-York; and on the 1st of June it was announced that five cases and three deaths had already occurred. Two fatal cases were reported on the 4th of June at Jamaica, L. I. On the 22d of May eight cases were announced in Philadelphia, and the same day three cases were reported to have occurred in Baltimore. On the 23d the Board of Health of the former city made an official report, in which they state that *no case of malignant cholera had come to their notice.* On the 30th, however, they report three cases of cholera, all of which proved fatal; and on the 31st two fatal cases were reported in the latter. The Board of Health of Norfolk, Va. reported, on the 30th of May, that, for the week ending the 29th instant there had been twelve cases and four deaths. On the 30th of May cases were reported to have occurred at Richmond, Va. and the legislature of that state, in the midst of the excitement, proposed to adjourn to the White Sulphur Springs. The physicians of that city, however, assured the public that, up to that date, no case of "*Asiatic cholera*" had occurred in that city. On the 31st, however, three deaths from cholera were reported. On the 5th of June the Board of Health officially reported five new cases and four deaths for the forty-eight hours ending on the evening of the 4th. The legislature now adjourned to Fariquer Springs.

At Boston, (Mass.) on the 4th of June, three cases—two of them fatal—were reported to have occurred on board the bark Argyle, just arrived from Scotland; and on the 5th another fatal case was reported. Since that time cases have occurred in that city, and in several other of the New England cities and villages. On the 7th of June five cases were reported to have occurred in Buffalo up to that date; two were indigenous: the remaining number were attacked on board of vessels, and were from places where the disease was prevalent. Cases have also occurred in Albany, Troy, and along the line of the Erie canal. At Chicago, on the 2d of May, a case was reported to have occurred, and on the 14th the Board of Health published a report, in which they state that, since the 2d instant, twenty cases and twelve deaths have occurred, principally among the foreign residents and the transient population.

The disease continues to prevail throughout the Mississippi Valley. On many of the plantations the mortality has been severe. To the north—in Indiana, Illinois, &c. it has extended; and in the south-west—in Texas—is still raging severely. It has re-appeared in New Orleans and Cincinnati with increased virulence. At St. Louis the disease is producing terrible havoc. With a population of about sixty-five

thousand, just before it broke out, the deaths now exceed one hundred per day. On a future occasion, when our data shall have been more matured, we hope to lay before our readers a more detailed and accurate account of the progress and treatment of this singular epidemic.

Ozone, and its Connection with Epidemic Diseases.—Ozone, to which Influenza is ascribed by Schönbein, and Cholera by some of our Western brethren, has been variously described and defined. It has been imagined to be a combination of nitrogen and oxygen in some new proportion; or a new combination of oxygen and hydrogen. Spengler is quoted in the *Lon. Med. Gaz.* for Nov. 1848, as saying that it is "formed in the air, by the decomposition of its water through disturbance of its electrical equilibrium." Professor Draper, of the New-York University, regards it as the active state of oxygen, or oxygen rendered active by electricity. This opinion, which is clear and intelligible, seems to be proved to be true, also by the experiment of passing a current of electric fluid through pure oxygen; ozone is thus obtained, having a sulphurous odor, setting fire to phosphorus, and irritating the nostril, as in catarrh.

The test of its presence is a bit of paper dipped in a solution of iodide of potassium, and then in one of starch. The oxygen of common air acts slowly on it, and produces gradual change, and coloration. Ozone and ozonized air will occasion them to act promptly on each other, producing a dark blue color.

The description given by Spengler of its mode of production is not easily understood; he goes on as vaguely to add—"Hence its peculiar pungent sulphurous, phosporous odor." Whence? From the electrical decomposition of water. This gives us nothing that we know of but oxygen and hydrogen, which, in their ordinary states, have no such odor. He goes on to say that "sulphuric, probably telluric, selenic, and phosphoric acids destroys it. Vapors of ether, or alcohol, or olefiant gas prevent its development."

Dr. Moffat,* from the results of his experiments and observations, comes to the conclusion that the presence of ozone in large quantities in the atmosphere is invariably attended with catarrh and mucous diarrœa. Dr. Goulding Bird,† at a meeting of the Medical Society of London, held in October last, while the subject of cholera was under discussion, said that he had remarked and noticed it as a somewhat curious fact, that of late ozone, or peroxide of hydrogen, had been found in the atmosphere. Dr. Parkin, an English physician, residing in Spain,

* British Association.—Athenæum Report. † London Med. Gaz. for Oct.

says he has used charcoal with great success in the treatment of cholera; he used it in doses from a tea-spoonful to a table-spoonful in water, every two or three hours. Dr. Spengler, from his observations, has been led to believe that sulphur or sulphurous gases must be an antidote to the poisonous influences of ozone. Dr. Bird and Professor Herrick, of Chicago, have detected the presence of ozone in the atmosphere of Chicago during the present epidemic, and both speak decidedly in favor of three or four grain doses of sulphur combined with charcoal. Professor Herrick says, "that all premonitory symptoms, such as pain, a sense of fullness, unnatural movements, slight diarhœa, &c. have uniformly yielded to this remedy" (? Ed.) In this city no such success has followed its use. To the pathologist the inquiry into the nature and influence of ozone has, indeed, become truly interesting.

Progress of Medical Organization.—We have received from Dr. Edward Guilbert, Secretary of the Ottawa Medico-Chirurgical Association, Illinois, a very eloquent appeal to the profession of that State in favor of the formation of a State Medical Society; and naming the 1st of January next as the time, and the State capitol as a suitable place, for the assembling of a State Medical Convention for that purpose.

Since the formation of the American Medical Association, the work of locally organizing the profession has made rapid and most gratifying advancement.

New State organizations have been effected in Pennsylvania, South Carolina, Georgia, Mississippi, Michigan, and we are glad to see that our brethren in Illinois are determined not to remain long behind in the good work. This is one of the most encouraging features in the present aspect of our profession. With a thorough and active internal organization, we have a sure basis for the ultimate accomplishment of every desirable improvement; while without it we can neither have concert of action, nor any efficient mode of accomplishing the most obvious purposes. The meeting of the American Medical Association at Cincinnati, the coming May, presents another motive for a speedy organization among our Western brethren. They should see to it that the coming meeting in Cincinnati does not fall below the recent one in Boston, either in numbers or interest. We hope our readers in that State, and indeed all others belonging to the profession, will promptly respond to the call of the Ottawa Association.

N. S. D.

Second Annual Meeting of the American Medical Association.—The following synopsis of the proceedings of the Second Annual Meeting of the American Medical Association we condense from the Medical Examiner, for June.

The Association met in Boston, May 1st, in the Hall of the Lowell Institute.

The President, Dr. Alexander H. Stevens, of New-York, in the chair.

Dr. J. C. Warren, of Boston, on behalf the Massachusetts Medical Society, presented to the Association the salutation and welcome of his constituents, after which an address was delivered by Dr. Stevens, in which he dwelt upon the objects and duties of the Association, the advantages already derived from it by the partial reforms which had been commenced in accordance with its recommendations; as well as the great good which must necessarily follow from promoting personal intercourse among members of the profession from various parts of the country, and thus ensuring interchange of sentiments and opinions at stated periods.

The committee of arrangements reported twenty States represented, and two hundred and eight delegates, as registered at ten o'clock the evening previous. The number present, as afterwards reported, was about four hundred and fifty.

The committee on nominations, consisting of one from each State, appointed by the delegates, reported the following officers for the ensuing year, and their nomination was unanimously confirmed. *President*, Dr. J. C. Warren, Mass. *Vice-Presidents*, Dr. J. P. Harrison, Ohio, Dr. H. H. Maguire, Va. Dr. A. Flint, N. Y. Dr. R. S. Stewart, Md. *Secretaries*, Dr. Alfred Stille, Pa. Dr. H. J. Bowditch, Mass. *Treasurer*, Dr. I. Hays, Pa.

The committee on nominations were continued, and instructed to nominate the usual standing committees for the ensuing year; and to facilitate their operations, it was requested that the names of suitable persons to act upon these committees should be handed in.

Dr. Condie, of Philadelphia, chairman of the committee on Practical Medicine, presented the annual report. After reading a small portion of it he was interrupted by a motion to refer it to the committee on publication, which, after some discussion, was carried.

Dr. N. R. Smith, of Baltimore, presented and read the annual report of the committee on Surgery. A large portion of the report was occupied in the consideration of anæsthetic surgery, to which it was entirely favorable. The committee consider it inadmissible to perform a serious surgical operation without the use of chloroform, inasmuch as by it both safety and immunity from pain are secured. Of the two prominent anæsthetic agents, chloroform and ether, the former is preferred, inasmuch as its unfavorable effects, when they do occur, are visible at once, whereas, when ether is used, its consequences sometimes remain long after. Dr. S. thinks he has traced irritative fever to the protracted influence of the latter agent.

Chloroform is the most powerful anæsthetic agent known, and requires that care should be used in its administration. It should never be used in trivial cases, nor in diseases of the heart: a due admixture with atmospheric air is also requisite for safety. In careful hands it is an invaluable agent. The author of the report has administered it *thirty-four* times to one patient, a young woman, to the extent of complete insensibility, without any unpleasant result. Prof. Mott, of New-York, has performed operations which he would not have attempted without the aid of chloroform. On the subject of Fractures and Lithotomy the report was also voluminous.

The entire report was listened to with marked attention, and referred, without discussion, to the committee on publication.

Dr. C. R. Gilman, of New-York, acting chairman, presented and read the annual report of the committee on obstetrics.

The greater part of this report was also occupied in the discussion of anæsthetics in midwifery; and in order to present the subject candidly to the Association, the principal objections of those opposed to its use were incorporated into the report. The committee give it as their deliberate opinion, that the chances of a patient's recovery are greatly increased by the use of anæsthetics, and the question is not whether they may or may not be safely administered, but whether they *can be rightfully withheld*. Who that has ever compared the panting and exhausted subject of an instrumental labor, with the calm and tranquil recipient of anæsthesia, could fail to arrive at the same conclusion? In regard to the choice of anæsthetics, the report declares that chloroform has every advantage over ether, except *in point of safety*, but that in experienced hands this objection does not obtain. Dr. Channing's contribution to the literature of this subject, in his work "Etherization in Child-birth," received a justly deserved and flattering notice in this portion of the report. The report was accepted, and referred without comment to the committee on publication.

Dr. J. P. Harrison, of Ohio, presented and read the annual report of the Committee on Medical Literature. The report embraced the division marked out by the constitution, viz:

First. The general character of medical periodical literature in the United States.

Second. A consideration of the most important and prominent articles that are thus brought to our notice.

Third. Original or native American medical publications.

Fourth. Medical compilations and compends of American writers.

Fifth. American reprints of foreign periodical medical books.

Sixth. All such measures as may be deemed advisable for encouraging and maintaining a medical literature of our own.

Under the first head, the report states that there are twenty American medical journals published in the United States, and four reprints of foreign journals. Of these, five are quarterlies, six are issued bimonthly, six monthly, one three times a year—the Transactions of the Philadelphia College of Physicians—and one weekly.

Through the agency of these journals much valuable material has

been added to the medical literature of the country, and their pages have been enriched by contributions from the most eminent members of the profession both at home and abroad.

Of the American contributions a brief summary was embraced in the report.

The library of the Pennsylvania Hospital was described as the largest in the country. Commencing originally in 1762 by the donation of a single volume by Dr. Fothergill of London, it has increased to the extent of ten thousand volumes. There are many other extensive libraries throughout the country, some containing seven thousand, others three thousand, and two thousand volumes. The Library of Harvard College numbers one thousand seven hundred and sixty-nine volumes; that of the medical department of Harvard University twelve hundred volumes.

That portion of the report embracing the measures deemed advisable for encouraging and maintaining a medical literature of our own, stated that there was much valuable literary material unknown to the public in consequence of deficient means on the part of the authors, or a disinclination on the part of publishers to take hold of anything that was not endorsed by a well known name, and instanced the unpublished literary remains of the late Dr. Forry, of New-York. It recommended that a board of publication should be established, to whom such materials should be presented, with authority to publish them should they be deemed worthy.

Appended to the report was the following resolution:

Resolved, That a committee of three be appointed to take into consideration the measures recommended in this report for the promotion of our national medical literature, with instructions to report at the next annual meeting.

The report of the Committee on Medical Literature was accepted, and referred to the committee on publication, and the resolution appended to it was adopted; Drs. Horner, Condie, and Hays, of Philadelphia, were appointed the committee.

Dr. G. B. Wood, of Philadelphia, moved that it be the duty of the same committee to report on the subject of an international copy-right law.

In urging this motion Dr. Wood remarked, that it was essential to the medical literature of the country, that an international copy-right law be established. He claimed it for our own writers, who now receive no encouragement. American publishers can now procure and reprint foreign books for a less price than American authors can afford to write them. They must produce a better book, a great deal better book than the English writer, or they cannot find an American publisher who will pay them for their work. He claimed it also on the ground of justice to English writers, who were despoiled of the labor of their head and hands by the cupidity of our booksellers.

The motion was *carried*.

Dr. M. L. Taft, on behalf of Dr. F. C. Stewart, of New-York, chairman of the Committee on Medical Education, presented and read the

annual report, which, in accordance with the requirements of the constitution, embraced a complete account and comparison of the medical institutions of Europe and this country, with the requirements for admission and graduation; the number of students, graduates, professors; branches taught, terms of study, &c. the regulations and requirements of Army and Navy Boards of Examiners in Great Britain and this country; the legal requirements exacted of medical practitioners in the several States of the Union; together with remarks on the general condition of medical education in the United States, compared with other countries, with suggestions as to its improvement.

With regard to the best method of improving medical education, the report recommended the insisting upon preliminary education, and the appointment of primary boards of examiners, whose certificate of qualification shall be essential to the reception of the student into a medical school. The board should examine the candidate, (should he not be a graduate of some literary institution) upon Latin and Greek, and require suitable testimonials as to moral character. The subject of the extension of the lecture term was not alluded to in the report, probably because the Association had already settled that question affirmatively.

Dr. John Ware, of the Medical department of Harvard College, presented a paper in answer to the queries of the Committee on Education, from a Committee of the Faculty, who were appointed to take into consideration some of the recommendations of the Medical Association with regard to medical lectures, particularly in reference to extending the courses of lectures beyond the established period of four months. The purport of the paper was that the Faculty were constrained to differ from the views of the Association with regard to the prime importance of lectures, and also that, in their view, no profitable object could be gained by extending the term of lectures beyond a period of four months. Lectures are a subordinate and subsidiary part of a medical education. The great object in view from them is to teach the student how to study for himself. The paper did not undervalue the importance of medical lectures—far from it. Information was communicated through these sources which would not be acquired any other way; but it was desirable that they should take their proper place in the education of students. It regarded the establishment of private Medical Schools in our cities as of very great importance.

A series of resolutions was appended to the report, upon which considerable discussion arose. The report of the committee was accepted and referred to the committee on publication, and the resolutions were brought separately before the Association in committee of the whole.

The following are the resolutions which were appended to this report:

1st. *Resolved*, That the attention of Medical Colleges be again directed to the resolutions of the Committee on Preliminary Education adopted by the Medical Convention of 1847, and that they be advised to require from students that they shall, in all cases, produce certificates of preliminary education. *Carried.*

2d. *Resolved*, That the several State and County Societies, as well as all voluntary Medical Associations throughout the country, be advised and requested to adopt the plan proposed by the Medical Society of the State of New-York at its last annual meeting, for ensuring due attention to the subject of preliminary education.

Dr. Davis, of New-York, explained that the plan of the New-York State Society was, that every County Society should appoint a board for preliminary examinations of students, with a view that they should be required to produce certificates from such boards before they could be received as medical students in the office of any private medical practitioner.

A gentleman, whose name we could not learn, offered the following as an amendment:

Resolved, That as students are generally introduced to the profession by private preceptors, it is recommended that no student be received by them unless they come up to the standard of preliminary education prescribed by this Association.

The question being upon the amendment, it was adopted by a large vote.

3d. *Resolved*, That this Association does not sanction or recognize "College clinics" as *substitutes* for Hospital clinical instruction, and that the Medical Colleges be again advised to insist, in all instances where it is practicable, on the regular attendance of their pupils during a period of at least six months upon the treatment of patients in a properly conducted Hospital, or other suitable institution devoted to the reception and care of the sick.

The resolution was adopted.

4. *Resolved*, That it would conduce both to the convenience and advantage of students, if the subjects taught in the Colleges were divided into two series; the one of which should be studied during the first year's attendance on lectures, and the other during the second session. And that examinations should be substituted at the close of the first course of lectures on the subjects taught during that course; certificates of which should be required prior to the final examination. Rejected.

5. *Resolved*, That it is the deliberate opinion of this Association that the plan of examining students for medical degrees in private, and before one professor only at a time, is highly defective, and should be at once discontinued. Laid upon the table.

6. *Resolved*, That examinations for medical degrees should be practical, and that it is desirable as far as practicable that they should be conducted in writing as well as *viva voce*. Laid on the table.

7. *Resolved*, That in view of the importance of a due knowledge of practical pharmacy, the medical schools be advised to require from candidates for degrees that they should produce satisfactory evidence of their having been engaged in compounding medicines and putting up prescriptions, either under the direction of their private preceptors, or in the shop of a recognized and qualified apothecary. Laid upon the table.

In regard to examining boards and licenses:

8. *Resolved*, That the interests both of the public and the medical profession would be promoted by the establishment of boards of examiners in each of the States of the Union, to examine candidates for licenses to engage in the active practice of medicine and surgery. Laid upon the table by a vote of 69 to 54.

9. *Resolved*, That the standard of requirements established by the examining boards of the several States should be uniform, and that the examinations should, as far as practicable, be conducted in a similar manner. Laid upon the table.

10. *Resolved*, That the examiners should, in all instances, satisfy themselves that candidates are familiar with the elementary branches of general knowledge. Laid upon the table.

11. *Resolved*, That for the purpose of carrying out the objects contemplated in the foregoing resolutions, a special committee of seven members be appointed to prepare a memorial and form of law in reference to the subject of the establishment of boards of medical examiners, to be submitted to the Association at its next annual meeting. Indefinitely postponed.

The committee of the whole having thus considered the resolutions submitted to them by the report on medical education, arose and reported to the Association, and their action was confirmed.

On the motion of Dr. Stevens, of New-York, it was voted, That the whole subject matter of medical education, together with the resolutions which have been passed, and those which have been laid upon the table, be referred to a special committee of three members, with instructions to report to-morrow morning. The chair appointed Dr. Stevens, of New-York, Dr. Wood, of Philadelphia, and Dr. Knight, of Connecticut, as the committee.

The following is the report of that committee:

1st. *Resolved*, That the Association reiterate their approval of the resolutions in reference to medical education adopted by the Convention which met in Philadelphia in May, 1847, and contained in pages 73 and 74 of the published proceedings of that Convention.

2d. *Resolved*, That the attention of Medical Colleges be again directed to the resolutions of the Committee on Preliminary Education adopted by the Medical convention of 1847, and that they be advised to require from their students that they shall, in all instances, present certificates of due preliminary acquirements prior to graduation.

3. *Resolved*, That physicians, generally, throughout the Union, be advised and requested to require of those wishing to become their pupils, evidence of a proper general education before admission into their offices.

4th. *Resolved*, That the Association does not sanction or recognise "College Clinics" as substitutes for Hospital clinical instruction; and that the Medical Colleges be again advised to insist, in all instances where it is practicable, on the regular attendance of their pupils, during a period of six months, upon the treatment of patients in a

properly conducted hospital, or other suitable institution devoted to the reception and cure of the sick.

5th. *Resolved*, That in accordance with a resolution of the American Medical Association, adopted May 4th, 1847, "it is earnestly recommended to the physicians of those States in which State Medical Societies do not exist, that they take measures to organise them before the next meeting of this Association."

6th. *Resolved*, That the State Societies be recommended, after they shall have been organised, to recognise as regular practitioners none who have not obtained a degree in medicine, or a license from some regular medical body, obtained after due examination.

7th. *Resolved*, That the Association recommend to the various Schools of Medicine to meet at Cincinnati before the next annual meeting of this Association, and present a plan for elevating the standard of medical education to this Association.

The committee do not deem it expedient that the Association should now adopt, further than may have been done in the preceding resolutions, the recommendations offered in the several documents referred to them.

On motion of Dr. Harrison the report was accepted, and the Association went into committee of the whole, Dr. R. D. Arnold in the chair, for the purpose of considering the resolutions attached to the report. These were taken up successively, and, after prolonged discussion, were reported to the Association without amendment, but with the addition of the following, proposed by Dr. T. E. Bond, Jun. of Maryland:

Resolved, That this Association recommend the encouragement of private medical institutions, strongly advising that Dispensary practice be made, as far as possible, a part of the means of instruction.

The resolutions reported by the Committee of the whole were then adopted.

The annual report of the Committee on Hygiene, Dr. Jas. Wynne, of Baltimore, chairman, was, in his absence, presented and read by Dr. Isaac Parrish, of Philadelphia,.

Appended to this report were two able and interesting papers, one presented and read by Professor S. Jackson, of Philadelphia, on the influence of tea and coffee, used as food; and one by Dr. Josiah Curtis, on the Sanitary Condition of Massachusetts.

The report and the papers were accepted, and referred to the Committee on Publication.

The annual report of the Committee on Indigenous Botany was presented by the Chairman, Dr. N. S. Davis, of New-York. The report (of which a verbal synopsis only was given) stated that our acquaintance with the medicinal properties of our indigenous plants was very slight and unsatisfactory. The Committee, during the past year, had been making careful investigations, both by analysis and experiment, to discover the actual value and precise action of a number of substances admitted into the materia medica, concerning which the books gave no satisfactory account. As illustrative of this, he stated that of

1000 plants reputed to possess medicinal virtues, but 150 are even slightly known. Of 280 native and naturalized plants mentioned in one of our best works on botany, we are told, concerning 150 of them, merely that they have been employed by the Indians for such and such purposes. This kind of information was not such as the present state of scientific accuracy demanded. Very little is known of the real virtues and uses of our native plants, but it is hoped that the investigations which have been commenced, under the auspices of the Association, will be continued and perfected.

The report was accepted and referred to the Committee on Publication.

The Committee appointed to consider the subjects presented by the report on Medical Literature, and the resolution of Dr. Wood, obtained permission to report *in part*, and submitted the following resolution.

Resolved, That a committee of three be appointed to memorialize Congress in favor of an international copy-right law.

This was so far amended as to require the proposed committee to prepare a memorial on the subject, and submit it to the Association at its next annual meeting. The motion, as amended, was *adopted*, and Drs. G. B. Wood, T. E. Bond, and I. Hays, were appointed as the committee.

The following preamble and resolution, presented by Dr. Evans, of Indiana, were adopted.

Whereas, Merit should be the test by which one individual is preferred to another; and *whereas*, the places of profit and honor in our profession should be open to the competition of all, in order that the best selections may be made therefrom,

Resolved, That Trustees, and others, exercising the office of appointing Professors in Medical Schools, be requested to adopt the system of *concours*, or public trials, among the means resorted to for calling out the talent of the profession, and ascertaining the qualifications of applicants.

Dr. G. B. Wood submitted the following preamble and resolution, which were adopted.

Whereas, A document prepared by the Medical Faculty of Harvard University, and appended to the Report of the Committee on Medical Education, contains an elaborate defence of the limitation of the courses of medical instruction in the schools to four months; and, *whereas*, this document has been referred, along with the Report of the Committee on Medical Education, to the Publishing Committee, and, if it be not mistaken by the public as a representation of the views of this association, may, at least, have the effect of contravening those views, unless they be properly supported; therefore,

Resolved, That a committee be appointed to prepare, at leisure, a statement of the facts and arguments which may be adduced in favor of the prolongation of the courses to six months; and that the statement thus prepared be printed in the forthcoming volume of the Transactions of the Association. Drs. S. Jackson, (Prof.) J. L. Atlee and A. Stillé, were appointed the committee.

Dr. U. Parsons, from a Select Committee appointed at the meeting of 1848, made a report on the subject of adulterated and spurious drugs, and offered the following resolutions.

Resolved, That a committee, consisting of two delegates from each State here represented, be chosen by the President, to note all the facts that come to their knowledge with regard to the adulteration and sophistication of drugs, medicines, chemicals, &c. and to report them at the next annual meeting.

Resolved, That the President be requested to sign, and forward to the Philadelphia College of Pharmacy, a letter, stating that the Association are pleased to hear of its laudable intentions to prepare and publish some simple directions for detecting adulterations in medicines, adapted to the understanding of the people generally, and would be highly gratified could they welcome its appearance before the next annual meeting.

Dr. Ware submitted the following resolution, which was adopted,

Resolved, That the Committee on Practical Medicine be instructed to inquire into the expediency of adopting the English language exclusively in the writing of prescriptions, and in all directions for the composition and administration of medicines, and to report at the next annual meeting of the Association.

Dr. G. B. Wood, of Philadelphia, stated that he had a brief report to make, as a delegate from this Association to the British Association, and to the Provincial Medical and Surgical Association of England, the annual meetings of which he had attended in August last in fulfilment of the objects of his appointment. Of the British Association he had only to say, that he was treated with all personal courtesy, and invited to participate in the proceedings of that body with the privileges of a member. By the Provincial Medical and Surgical Association he had been received with the most flattering distinction in his capacity as a delegate. The Association appeared to be much gratified by the compliment paid them, and expressed, through their President, their high appreciation of this Society, and their reciprocations of the sentiments conveyed to them; and passed a resolution, unanimously, requesting him (Dr. Wood) to convey their thanks to the American Association.

Dr. J. B. Johnson, of Missouri, introduced the following preamble and resolution, originally presented by him to the Medical Convention at Philadelphia, in 1847, and they were referred to the Committee on Medical Education.

Whereas, Numberless and important evils result from the almost universal practice of allowing persons wholly ignorant of drugs and medicines to engage as Apothecaries; and still greater, from the universal trafic in patent and secret remedies; therefore,

Resolved, That the Committee on Education inquire into the expediency of establishing a school or schools of Pharmacy in the respective States, for the special purpose of preparing persons for the business of Apothecaries; and also the expediency of adopting a rule, that no Physician ought to patronize a Druggist or Apothecary who deals in

patent and secret medicines—and report at the next annual meeting of the Association.

Dr. James Wood, of Pennsylvania, presented the following resolution, which was *adopted*.

Resolved, That the Committee on Medical Science, for 1849, be instructed to inquire into the expediency of establishing a Board to analyze the quack remedies and nostrums now palmed upon the public, and to publish the results of their examinations in a newspaper to be established for the purpose; and farther, to append such plain views and explanations thereto as will enlighten the public in regard to the nature and dangerous tendencies of such remedies.

Dr. Stevens, of New-York, offered the following resolution.

Resolved, First, that a committee of seven be appointed to consider the subject of forensic medicine; second, a similar committee on indigenous botany and materia medica; and, third, a committee on hygiene; the committees to be nominated by the general Nominating Committee. Carried.

The Committee on Nominations reported the following Standing Committees to act for the ensuing year. *Adopted.* The list is as corrected by the Nominating Committee, after the vacancies created by resignation had been filled.

Committee on Medical Science.—Dr. Usher Parsons, Providence, R. I. Chairman; Dr. J. Bigelow, Boston; Dr. J. B. S. Jackson, Boston; Dr. A. B. Malcolm, Dubuque, Iowa; Dr. Jas. Moultrie, Charleston, S. C.; Dr. G. Emerson, Philadelphia; Dr. D. King. Newport, R. I.

Committee on Practical Medicine.—Dr. J. K. Mitchell, Philadelphia, Chairman; Dr. R. La Roche, Philadelphia; Dr. F. West, Philadelphia; Dr. J. A. Swett, New York; Dr. James Jones, New Orleans; Dr. R. D. Arnold, Savannah; Dr. —— Smith, Indiana.

Committee on Surgery.—Dr. R. D. Mussey, Cincinnati, Chairman; Dr. W. M. Awl, Columbus, Ohio; Dr. A B. Shipman, Syracuse, N. Y.; Dr. G. Fox, Philadelphia; Dr. L. A. Dugas, Augusta, Ga.; Dr. S. Parkman, Boston; Dr. J. R. Wood New-York.

Committee on Obstetrics.—Dr. T. G. Prioleau, Charleston, S. C. Chairman; Dr. L. D. Ford, Augusta, Ga.; Dr. Robert Lebby, Charleston, S. C.; Dr. Josiah Bartlett, Stratham, N. H.; Dr. H. F. Askew, Wilmington, Del.; Dr. John Evans, Chicago, Ill.; Dr. Isaac Lincoln, Brunswick, Me.

Committee on Medical Education.—Dr. J. Roby, Baltimore, Md., Chairman; Dr. Blatchford, Troy, N. Y.; Dr. G. M. C. Roberts, Baltimore; Dr. R. W. Silvester, Norfolk, Va.; Dr. F. A. Ramsay, Knoxville, Tenn.; Dr. Geo. Summer, Hartford, Conn.; Dr. W. H. Rockwell, Brattleboro, Vt.

Committee on Medical Literature.—Dr. Alfred Stillé, Philadelphia, Chairman; Dr. F. G. Smith, Philadelphia; Dr. T. H. Yardley, Philadelphia; Dr. P. C. Gillard, Charleston, S. C.; Dr. A. T. Morris, Montgomery, Ala.; Dr. J. Fithian, Woodbury, N. J.; Dr. J. B. Johnson, St. Louis, Mo.

Committee on Publication.—Dr. I. Hays, Philadelphia, Chairman; Dr. A. Stillé, Philadelphia; Dr. H. J. Bowditch, Boston: D. F. Con-

die, Philadelphia; Dr. B. F. Barker, Norwich, Conn.; Dr. Isaac Wood, New-York; Dr. N. J. Pittman, Rocky Mt. N. C.

Committee on Forensic Medicine.—Dr. A. H. Stevens, N. Y., Chairman; Dr. Luther V. Bell, Boston; Dr. Pliny Earl, New York; Dr. W. H. Rockwell, Vt.; Dr. Robert Watts, New York; Dr. R. S. Steuart, Baltimore; Dr. J. Knight, New Haven, Conn.

Committee on Indigeneous Botany and Materia Medica.—Dr. Eli Ives, New Haven, Chairman; Dr. G. L. Corbyn, Warwick, Co. Va.; Dr. H. R. Frost, Charleston, S. C.; Dr. W. H. Davis, Baltimore; Dr. B. B. Lenoir, Roane, Co. Tenn.; Dr. W. B. Cochran, Middleburg, Va.; Dr. J. P. Harrison, Cincinnati.

Committee on Hygiene.—Dr. J. M. Smith, N. Y. Chairman; Dr. A. K. Gardener, New York; Dr. E. Jarvis, Dorchester, Mass.; Dr. A. T. M. Cooke, Norfolk, Va.; Dr. R. S. Holmes, St. Louis, Mo.; Dr. G. Emerson, Philadelphia; Dr. J. C. Simonds, New Orleans.

The committee recommended Cincinnati as the next place of meeting, and the following as the Committee of Arrangements:—Dr. Dodge, Dr. Judkins, Dr. Rivers, Dr. Lawson, Dr. Richards, and Dr. Strader; all of Cincinnati.

On motion, a vote of thanks was presented to the Officers of the Association for the efficious and courteous manner in which they had discharged their duties, and to the Committee of Arrangements for their kind and hospitable reception of the delegates. Dr. Z. B. Adams responded on behalf of the Committee of Arrangements; and, after receiving the congratulations of the President upon the happy termination of their labors, the Association adjourned on Friday evening, May 4th, *sine die.*

ANATOMY AND PHYSIOLOGY.

Development and Growth of the Articular Cartilages.—By Joseph Leidy, M. D.—The articular cartilages, as a distinct structure, are not perceptible so long as the epiphyses and articular extremities of the bones are not ossified, consequently they do not exist during fœtal life or for a considerable period after birth. At birth, if an epiphysal extremity of a long bone be cut vertically through, it will be observed that the cartilage of the epiphyses extends to the synovial membrane, and that there is not the slightest trace of a line of demarcation between the two varieties of cartilage. If the section be more carefully examined, a number of branching canals will be observed ramifying through the cartilage, many of which approach its articular surface, but are in all cases separated from it by a thin lamina of the cartilage containing no canals. This thin lamina is the first appearance of the articular cartilage, but presents no distinction of structure at this period from the mass of cartilage of the epiphysis. The canals of the epiphysal cartilage contain blood-vessels, which, according to Mr. Toynbee,* have a very pe-

* Phil. Trans. 1841, p. 166.

culiar disposition, consisting of arteries terminating in dilatations, or in convoluted branches, from which the veins arise. In the process of ossification and increase in size of the epiphysal cartilage, the developing articular cartilage appears to be pushed before it, resulting from an interstitial growth depending upon the division of the primary cartilage cells, the probable development of others, and the increase of the matrix or intercellular substance. When the articular surface cartilage of a cartilaginous epiphysis is examined microscopically, it is found to have all the characters of the latter, and at an early period of fœtal life consists of a transculent, hyaline substance, in which are diffused with considerable uniformity, rounded or elliptical, isolated, nucleolo-nucleated cells, separated from one another by interspaces less than their own diameter. They vary to a moderate degree in size, and average about the $\frac{1}{1\,1\,8\,5}$th of an inch in diameter. The cell contents forms a mass rather darker than the intercellular matrix, the reverse of what is the case in the perfected articular cartilage. It is finely granular, with an intermixture of coarser and more defined granules, some of which appear to be oleic in character. The nucleus is round or oval, varies a little in diameter, averaging about the $\frac{1}{3\,5\,7\,6}$th of an inch, and is very finely granular in structure. Sometimes there are two nuclei, sometimes separated and distant, at others, approached, flattened upon the opposed sides, and apparently having originated from the division of a single nucleus. The nucleus contains a more consistent, translucent nucleolus, readily brought into view by the tincture of iodine, and measuring about the $\frac{1}{1\,1\,1\,1\,1}$th of an inch. The intercellular substance is comparatively soft, very translucent, and homogeneous. As the articular cartilage advances in its development, the intercellular matrix increases in quantity, separating the cells at greater distances apart, and acquires a firmer consistence. It becomes faintly granular, which after a time becomes more decided, though indistinct at any time without a good defining power, and finally takes on the peculiar filamentous arrangement described in a previous part of this memoir.

But the question arises, how does this intercellular substance increase in quantity? Is it a direct deposit of imbibed matter from the liquor sanguinis in the vicinity of the cartilage, or is it produced through the agency of the cartilage corpuscles, or organic cells of the tissue? Recollecting that the liquor sanguinis does not contain dissolved cartilage, it cannot be a direct deposit; but may not the cartilaginous molecules already produced, convert an assimilative substance into molecules of a similar character, chemical and physical? The latter is probable, but it is easier to suppose it to be formed from imbibed albumen, through the agency of the cartilage cells, in the same manner that it originally results from the albumen ovi, probably through the agency of cells, the earliest cartilage cells, which have been the offspring retaining part of the organizing force of the Purkinjean vesicle. As it is certain that cartilage tissue is produced from albumen, it is worthy of inquiry whether the organic cells of the cartilage are capable of fixing a

material thus transformed in their vicinity. If it can be demonstrated that such a power exists in organic cells in any part of the organic kingdom, we may feel assured that it prevails throughout. Turning back, then, in vitality's great book, to the first few pages, we discover some very simple expositors of the question at issue. Thus, if we examine several of the families of Chlorospermeæ, the oscillatoriæ, ulvaceæ, nostochineæ, &c. we find numerous zooid plants, some of the simplest forms in the organic kingdom, consisting of single rows of organic cells, enveloped in a mucoid substance, and swimming in water or flourishing in humid situations. When the green spores, single organic cells filled with endochrome, and containing a nucleus, are discharged from a parent cell, they accumulate and fix around themselves a mass of mucoid substance from the nutritive matter floating in the element around them. The sport develops a perfect plant, a mere filament or row, or a lamina of cells, continues to accumulate mucoid matter around it, until the latter is frequently several times the diameter of the plant itself. Retaining its organic activity, it produces spores, which are to be discharged, and undergo the same progressive changes. Perceiving, then, that these cells can collect and fix matter around them, and continue to operate upon imbibed nutritive fluid, it is rendered probable that an analogous process may be carried on in the denser cartilage, since the latter, as is well known, is capable of imbibing nutritive fluid.

Whether the surrounding matter is formed within the cells and then exosmosed, or whether the cell life extends its formative power beyond the precincts of the cell wall, remains a question; but I think both are probable.

The cartilage cells at the early period of development are easily detached from the matrix, but at a later period the cell wall fuses or blends itself with the intercellular substance, but even after this the granular cell contents is easily detached in a single mass, appearing to be retained together by a delicate protoplasmatic envelope, corresponding to the primordial utricle of vegetable cells. Of the existence of such a structure in some animal cells I am well convinced, and hope to prove in a future memoir on the subject.

After the cartilage matrix has taken on itself the granulo-filamentous structure, the cartilage cells increase in number by division, and probably also by the origination of new cells. In studying the development of the groups of cells of the perfected articular cartilage, the steps of progress, as noticed at several periods during the growth of the latter, appear to be as follows:

The simple isolated cartilage cells are found to become somewhat elongated, then at the sides to present the appearance of an indentation. The nucleus has a central position, and then a faint dividing line, more translucent than the other parts of the cell, is observed crossing the short diameter of the cell, resembling somewhat the transverse line of dehiscence of an ovisac. By varying the focus of the microscope, it is found that this line penetrates as a plane through the cell. The next change which is remarked, is

the retiring of the granular cell contents from the inner parietes of the cell wall, excepting where in contact with the dividing line of the cell. The cell wall has now become blended with the intercellular substance, and the latter also occupies a position between the inner surface of the cell wall, with which it also blends, and the retiring cell contents. The cell contents at this period distinctly presents itself divided into two masses, corresponding to the previously mentioned line passing through the cell, and each mass contracts itself with the contained half of the original nucleus, towards the centre of its respective cell.

From the uniformity with which the granular cell contents contracts, holding all its contained parts together, granules, nucleus, and fat globules, I am strongly impressed with the idea that it has a protoplasmatic envelope or primordial utricle. In vegetable cells we frequently observe the same mode of retiring of the granules of endochrome retained together by the delicate, transparent, mucoid envelope, the primordial utricle, and, as is well known, this may be produced by artificial means, which I find to be also the case with the cartilage cells, for I have observed the cell contents slightly and very gradually contract in a single mass upon the application of tincture of iodine, or even under the long-continued imbibition of water.

Whether the division of the nucleus precedes that of the cell, or the reverse, still remains a problem. Cartilage cells are not unfrequently observed containing a nucleus apparently in progress of division, and others, with a pair of nuclei near each other, and flattened upon the opposed sides, having the appearance as if the result of division of a primitive nucleus, without the slightest trace of any disposition of the cells to divide themselves. In other instances I have detected cells presenting a slight parietal indentation, without any similar appearance of the nucleus; and in all other cases, when the cell exhibited signs of division, a corresponding change was invariably observed in the nucleus.

The pair of cartilage cells which have originated from the primary cell, increase in size by the assimilation of nutritive matter, and undergo the same division as just described, until groups are formed as found existing in the perfected cartilage. The cell contents continually retire, but at the same time appear to partake in the general nutrition of the cell, until in the cell group we find the masses generally central, frequently irregular in outline, and containing more or less oil globules, and one or two nuclei; and in this state have been generally mistaken for the nuclei of the cartilage cells.

The cells, in their progressive division, do so generally in the same line, but also very frequently divide, laterally, so that the pair of cells resulting from the division of the first, may either form a row of four, or a group of four, and continue in this manner. The cause determining the arrangement of the cells into rows instead of masses, has already been referred to; the least resistance to their extension being parallel with the filaments of the cartilage matrix.

The irregularity which exists in certain of the cell groups, especially in the stratum lying about one-fifth the thickness of the articular cartilage below its free surface, probably depends in some degree upon the pressure of the opposed cartilages of the joints. I do not mean by this that a sudden push would knock the deeper groups out of a vertical line, but I think, during the progress of division of the cells and extension of the groups, a frequently repeated or moderately continued pressure exerted upon the free surface of the cartilage, would give them a tendency to incline to one or the other side, and hence their obliquity, or curved or irregular character from the ordinary line in a part of the cartilage most influenced by the pressure.—*Amer. Jour. Med. Sci. for April.*

The Capillary Circulation.—By B. Dowler, M.D. (*N. Orleans Med. and Surg. Jour.*) In a recent number of that Journal Dr. Dowler presents some novel views on this subject. In speaking of the experiments which he instituted, he says:

In perhaps one-fourth of these dissections, the bodies were carried to the dissecting room a few minutes after death. The external veins, chiefly of the arms, and neck, sometimes became distended—these being opened, the blood often flowed in a good stream—sometimes shot out a foot or more; (that is formed an arch having that diameter.) In some cases, by putting a ligature upon the arm, or by grasping it above the elbow, the blood was made to flow more freely, and, by moving the muscles, as the patient is wont to do in ordinary blood letting, the blood shot out some distance. Punctures in the middle of the subclavian, discharged blood, which arose in a full stream, against gravity, two or three inches, forming, sometimes, an arch as it fell. The coronary veins of the heart discharged blood rapidly, and with surprising force. I have observed within a few minutes after death, the flow of from twenty to thirty ounces of blood from the scalp, the head being raised:—Prominence of the veins, after death, is doubtlessly owing to the capillary circulation, which first fills the central, and then the external veins to excess: These dissections show conclusively the independent action of the capillaries. If capillary action exist independently of the heart, congestions, &c. may disappear, and others form during or after death, &c. Hæmorrhages after death, &c. Post-mortem blood letting proves that the heart's action is not necessary to the capillary circulation. The proofs are many, though they might have been greatly multiplied, had I taken a just view of this matter sooner—distention of the veins, copious hæmorrhages, crimsoned flushings of the face, passed for nothing—not supposing it possible that the veins could discharge more blood than what they contained at the moment of death, nor that capillary life survived the extinction of the general life, as manifested in sensation, respiration, systematic circulation, &c. But, as soon as I had discovered the curious and complex laws of post-mortem contractility, the possibility of the doctrine of a post-mortem, vital capillarity, flashed across my mind.

(Various co-ordinating phenomena were subsequently noticed, particularly post-mortem caloricity, the laws of which are so peculiar as to constitute a distinct branch of thermotics.) Are not hæmorrhages in yellow fever due to capillary congestion? &c. (Many other passages of similar date and import might be copied from the originals, which are open to any one).

PATHOLOGY AND PRACTICAL MEDICINE.

On the question What are the Therapentical Relations of Pain? By Prof. J P. Harrison.—*First*, Artificially induced, it subserves four ends in our methodus medendi. As an urgent derivative, in intestinal irritation, spasms, &c.—as an excitant in low conditions of the system, as a counter-irritant in neuralgic maladies, and as an effective mode of removing narcotism.

Nature institutes pain, remedially and beneficiently for the following ends.

First.—To give alarm to the system on inroads made upon her integrity, as in accidents, &c. Pain is essentially conservative in its operation.

Nature institutes pain as a safeguard to her rights, for could mutilation be unaccompanied by pain, in man as in the lower animals, in how insecure a state would the integrity of the organic structure be placed? Pain, then, is conservative; it is a wise provision of nature for the preservation of the body. But pain is likewise restorative—the pain from an injury, a burn, or contusion, is restorative; it causes the blood to flow to the part, and thus reparation is induced.

The pains of parturition are evidently designed for three purposes.

First, To rouse the female to her utmost co-operation in favoring the expulsion of the fœtus.

Second, The paturient pains oblige the human female to place herself in such circumstances as shall best answer the high design of her august mission—as the source of the intelligent creation.

Third, The fond endearment of the mother to the offspring is greatly enhanced by the recollection of her travail.

Pain is curative in another point of view—the actions of life are maintained by it:—were it not for the stimulation induced by pain, surgical operations would more frequently be followed by dissolution. Where a limb is crushed pain may be slight, constitutional irritation is very apt to carry the patient off. In extensive burns the pain is very disproportioned to the deep and irrecoverable prostration. Tetanus rarely ensues upon injuries where pain is experienced in a degree proportioned to the nature of the accident.

The modes of preventing, suppressing and extinguishing pain, when judiciously prescribed for, are to be correspondent to the

nature and seat of the offending cause. Thus, in simple neuralgic pain we may use narcotic, or administer ferruginous preparations; in sympathetic pain we correct the state of the organ originating the pain. Gastric sympathetic irradiation to the head is very common. In such cases we give emetics, or alterant purgatives. Inflammatory pain must be relieved by depletory measures. Febrile pains are relieveable by the various measures employed to remove fever.

Coma, asphyxia and syncope prevent the realization of pain. But coma, whether dependent on vascular repletion of the nervous centers, or upon deep prostration, is certainly a more alarming state than the presence of pain. Asphyxia is a still more dangerous condition, and syncope is but an image of death itself, and may terminate in that catastrophe.

Artificially, pain may be suspended by narcotism; thus opium, given in full doses, induces a relief of the most violent agony. When medicine acts as an assuager of human suffering, it wisely and humanely interposes opium as the *magnum dei donum*. But to endeavor to extinguish the pains of parturition by opium would be to run athwart nature, and seriously jeopard the well being of the patient and her offspring. To narcotize away the pain of pleurisy would be mischievous interference.

To apply soothing applications to the head in a case of gastro sympathetic pain, or to the right shoulder in hepatic disease, would evince rather a weak diagnostic skill. Other agents besides opium have been employed to procure mitigation of human suffering from pain. Thus intoxicating beverages will bring about the same result. The rapid gyratory movements of the patient, by placing a person horizontally on a large millstone, and putting it in rapid motion, will act in the same way as opium.

Within a short period the vapors of sulphuric ether and of chloroform have been employed to effect this purpose. The phenomena which accompany, precede and follow, their inhalation, show that the nervous system is much affected; the brain is directly influenced; the blood is slightly altered in quality, and the action of the heart disturbed.

The points involved in their administration are four:

1*st*. Is it safe to administer them.

2*d*. Is it conducive to the ultimate well being of the patient; or is the restoration of the patient jeoparded by their exhibition.

3*d*. Admitting that their agency is not hazardous in any respect, can we suppress pain in operations with entire safety; and

4*th*. Admitting it proper, in every sense, to suppress pain by their administration, is there not a strong liability that surgical interference will be directed towards the use, or abuse of the knife, rather than to the prevention of the necessity of mutilations by the Ars chirurgica?

And lastly, are we justified, in ordinary cases of parturition, in the use of ether or chloroform inhalation, knowing, *as we now do know*, that such a procedure is not altogether unaccompanied by danger, and that death may ensue upon the practice?

Pseudo-Apoplexy with permanent Slow Pulse.—By Dr. Cain, Physician to the Marine Hospital, Charleston, S. C. Dr. Cain, in the Charleston Medical Journal and Review for May, has given some observations on this subject, together with remarks on a case of his own, and the cases which he has found recorded. In speaking of the recorded cases he says :—

On a careful analysis of the cases detailed by the physicians mentioned at the beginning of this article—to which I refer, as they cannot be here transcribed—as well as of that which fell under my notice, the conviction forces itself upon the mind that the pseudo-apoplectic or syncopic attacks, with permanently infrequent pulse, were due to certain pathological states of the heart and brain combined; a formidable train of symptoms being referable to the affection of the heart; a lesser, but equally well marked, to that of the brain. In Dr. Stokes' cases there was a co-existence of weakened state of the heart with murmur of the aortic valves accompanying the first sound. In one of Mr. Adams' cases, in which there was fatty degeneration of the heart, there were four pseudo-apoplectic seizures; in another, communicated by Dr. Duggan, twenty distinct attacks were observed, and after death both ventricles were found in a state of fatty degeneration, and the valves of the aorta studded with specks of bone. In a third, there was lesion of the aortic orifice, and remarkable softening of the left ventricle. The *post-mortem* examination of the Earl of K. published by Dr. Law, revealed a thickened and partially ossified state of the valves of the aorta, in consequence of which they could not effectually have closed the orifice; the left ventricle was in all probability weakened. In Dr. Lee's case an examination was not permitted, but there existed, without doubt, if not fatty degeneration, at least an excessive deposite of fat about the heart. In the case which I have detailed, there was a combination of pathological states—compression of the great vessels and of the heart itself by the large quantity of fluid effused in the pericardium, and softening of the muscular substance of the ventricles—either of which was adequate to induce an attack. In other cases of fatty degeneration of the heart recorded by Drs. R. W. Smith and Carmichael, of Dublin, there was permanently slow pulse.

It would seem, from a consideration of the above cases, that any cause existing in the heart or its appendages, which tends to impede or impair its action, may give rise to pseudo-apoplectic or syncopic attacks; such are, atrophy of the heart; fatty degeneration; simple softening; effused fluid, operating mechanically; permanent potency of the aortic valves, &c. Now, although the pathological states of the heart differ in these cases, the effect on the brain is the same, viz: the impairment of its power by reason of its not being supplied with a due quantity of blood. That such is the state of the brain, and not one of congestion, as has been maintained, I think susceptible of proof; and it is a subject of importance on account of the therapeutical inferences deducible therefrom.

Pathological Conditions of the Articular Cartilages.—By Joseph Leidy, M. D.—As the articular cartilage contains no blood-vessels, so it is not liable to inflammation; but we frequently find cases in which there is an appearance of ulceration or corrosion of the surface of less or greater extent, or it may present numerous minute disconnected fibres, projecting from the surface of the bone, like the pile of velvet, or it may be entirely removed. All these changes may take place from either surface of the articular cartilage. The most prevailing opinion among pathologists of the present day is that these changes are the result of solution generally in purulent matter; and from the observations of Cruveilhier, it appears they are more rapid if the fluid acting upon the cartilage is in a state of putrescence. While the cartilage is bathed in pus, from the catalyso-disorganizing nature of the latter, it may be gradually corroded away from the surface, and from an exosmotic current of the seroid fluid of probably modified pus (scrofulous) filaments may be dissolved out and cell groups detached, or probably disorganized and dissolved out, leaving the remainder of the cartilage in the form of a layer of disconnected filaments, like the pile of velvet, as already alluded to. Should the pus or other catalyso-disorganizing fluid (modified synovia) become putrescent, then must the destruction of the cartilaginous structure be necessarily more rapid, not only from the same action being instituted in the molecules forming the surface of the cartilage, but from imbibition; it will also set up the same action interstitially, and will be aided by the death of the life centres, the cartilage cells, for putrescence is ever deleterious and destructive to cell life. Even the infusorial animalculæ and algous plants, which are generally believed to thrive most in water with putrescent organic matter, with the exception probably of Monads and Vibrios, are absolutely destroyed by it; and it is not until the putrid exhalations cease, that they become developed within the fluid. So long as a lamina of cartilage is left upon the surfaces of the bones of a joint, and the life of the cartilage cells be not destroyed, it is probable there may be the power existing of a very slow regeneration of lost substance but if the cartilage be entirely removed, as the agents of its formation, the cells, are gone; there can be no restoration. If the bony surfaces be exposed, and pus or other catalyso-disorganizing fluid be present, the destruction of the bones is the result; if the formation of such fluid cease, and what has been formed is removed, and effusion of fibrin from the vessels of the osseous structure takes place from subsequent organization and deposit of osseous salts in the latter, we may have anchylosis, or irregular exostoses. If fibrinous matter be not effused, from the movement of one bony surface upon the other, the excited vessels of the osseous structure may deposit a lamina upon the rubbing surface as hard as dentine, and which from continued friction becomes highly polished.

In the rupture of an articular cartilage it is said the fragments never unite, which fact was formerly frequently advanced in sup-

port of the non-organization of the tissue. Muscular substance, when destroyed by violence, is not restored; a lichen cut into two will not unite at the edges; nor will algous plants unite when divided. The nutrition of the parts continues, as is the case with the fragments of the articular cartilage, but as well almost might the two opposed surfaces of articular cartilage unite in a joint in which there is little motion, as for the two broken edges of one to do so.

When granulations occur upon the surface of an articular cartilage, which is extremely rare, they arise probably from the effusion of fibrin from the circulus vasculosus of the joint extending upon the surface of the cartilage and agglutinated to it.—*Amer. Jour. Med. Sci. for April.*

On the Effects of Chloroform as a Narcotic Agent. By John C. Warren, M. D.—Dr. Warren, in the American Journal of Medical Science for April, has given an elaborate paper on this subject. In this paper, is posted up all the principal facts relating to the cases of death from Chloroform, which, up to that date, have occurred. In speaking of his previous expressed opinions on etherization and the relative value of the two agents, (ether and chloroform,) he sums up the matter by saying:—

1st. That my confidence in the beneficial effects of ether, in surgical operations, is undiminished (but, if I were compelled to substitute chloroform, I should do so with much anxiety).

2d. Etherization is not, I think, employed so extensively as it was during the period of enthusiasm following the first inhalations of ether. The occurrence of fatal cases of chloroform has done much to cause a diminution of the use of ether; and the latter article has not been free from the charge of pernicious consequences. No fatal case from its use has transpired, however, in this country, or in Great Britain, so far as we know. One well authenticated instance only has occurred in France. The details of this case I am not able to give, further than to say, that the patient was a male, resident in Auxerre, about forty years of age, who underwent an operation for cancer of the breast, and died in ten minutes. It really seems wonderful that a greater number should not have followed the immense and ill-directed use of this powerful article.

3d. Chloroform, or ether, is used in this part of the country in all capital operations; and, I believe, pretty generally in such operations in other parts. In parturition, also, the former is extensively employed here; but a considerable number of practitioners use it rarely, and only in cases of extreme suffering. The relief from pain is uniformly said to be great; but whether the patient does as well, on the whole, after this narcotism, is a doubtful point with me, confiding, as I do, in the power of nature to render this process generally perfect without the aid of art. In surgical operations there is every possible evidence that the chance of success is not diminished by etherization."

The following are the means which he suggests for removing the bad effects incident to the chloroform and ether practice :—

Means of remedying the bad effects incident to the chloroform and ether practice.—1st, To use chloric or sulphuric ether, for the purpose of producing narcotism in surgical operations, in preference to any other agent; 2d, not to use narcotism for trifling operations; 3d, where the operation is not very severe and prolonged, to produce only that degree of narcotic influence which destroys the susceptibility to pain, without abolishing the intellectual function; 4th, to be careful that the patient does not get an exclusive inhalation of the narcotic vapor, but obtains with it a sufficient quantity of atmospheric air to carry on the oxygenation of the blood; and when he is severely affected by the first impulse of this vapor, not to press it too harshly upon him; 5th, when a powerful application is required, as in cases of the reduction of hip dislocation, the patient should always be bled before etherization; it is very desirable that a powerful narcotism should never be produced without previous abstraction of blood, except in cases of great debility; 6th, the respiration and pulse should be carefully watched during the whole operation, by one in whom the operator can confide; 7th, when the pulse intermits, and respiration is suspended, inhalation should not be continued; 8th, the position of the body does not appear to exert a particularly unfavorable influence; of the fatal cases, five occurred in the sitting posture, three in the horizontal, and one in a state of flexion forwards on a table. 9th, whenever etherization is to be accomplished, there should be a sufficient number of assistants present to guard the patient if he should become violent; 10th, the exact quantity of ether inhaled has not appeared to me important. I have used it freely in a sponge or cloth, with the precaution above mentioned, of not applying it so closely as wholly to exclude atmospheric air. The fatal effects of chloroform, in almost every instance, have been produced by very small quantities; 11th, to protect the face a small towel is folded in a funnel-like shape, in the apex of which is placed a sponge, double the size of an egg, charged with an ounce of chloric ether, or the liquid may be poured directly on the interior of the cloth; 12th, chloroform, or ether, should not be administered in cases of epilepsy, of active organic disease of the heart, of acute affection of the lungs, or in a hemorrhagic tendency of these organs.

Epidemic Dysentery successfully treated by Nux Vomica.—By W. M. Cornell, M. D.—Dr. Cornell reports having treated ten cases of this disease with Nux Vomica with uniform success. He acknowledges his indebtedness for the suggestion to Dr. Armstrong who states that Vaux, of Ipswich, in the course of sixteen years treated with strychnine about two hundred cases with remarkably uniform success. Dr. Cornell says, "I gave it (Nux Vomica) in the full dose of seven grains, thrice a day, to

adults, and from one to three grains to children, in proportion to age. The result was most happy. Not a patient who was treated with this medicine died. It was prescribed in ten cases within three or four weeks, and all recovered. No cathartic medicine was given except teaspoonful doses of the *bitartrate of potassa*, in a few cases. * * * * * * I am far from having much confidence in *specifics* generally, but I feel constrained to say that the above named medicine altogether exceeded my expectations, and I earnestly recommend a trial of it in dysentery."—*Charleston Med. Jour.*

The Heart Clot. By Professor C. D. Meigs.—The Medical Examiner for March contains some observations on this subject. Dr. Meigs believes that the coagulability of the blood after great hemorrhage is augmented, often dangerously. In cases of severe hemorrhage, after labor or in abortions, the loss of blood produces a tendency to fainting, the motions of the heart are enfeebled, the diastole slow—torpid, for the blood moves languidly in both the venæ cavæ, pours itself out in a slow current into the auricle, which it sluggishly distends, and sometimes is there instantly converted into a solid clot. If a clot be formed in the right auricle, it will also be formed in the *iter ad ventriculum dextrum*, filling up the cone of the tricuspid valve; and the nucleus of it will cause the coagulation at length to occupy the cavity of the right ventricle, and extend itself to a greater or less length along the trocter of the the pulmonary artery. If the whole pulmonic side of the heart should be perfectly occupied in this way, the death of the individual would be instantaneous; and he doubts not that many examples of sudden death, after delivery in hemorrhagic labors, are produced by the formation of cardio-morphous coagula, which form in the instant of a state of fainting or lipothymia. He has not the least confidence in the power of alkaline medicines to dissolve such coagula, nor does he admit that the dull, white endo-cardial coagulum, so often discovered, is the result of a state of endo-carditis; but attributes its occurrence to a temporary stasis or near approximation to stasis, during a state of fainting in an exhausted patient.

Foreign Substances in the Heart.—By John Neill, M. D.—Upon the dissection of a black male subject, brought into the anatomical room about the middle of December, my attention was directed by a student to a foreign body in the heart. At first I supposed that it might have been introduced after death, accidentally dropping into the cavity of the pericardium during the process of stitching after injection; but upon more careful examination of the surface of the heart, no orifice was detected by which it could have entered. I removed the heart and placed it in alcohol, in order to examine it with care.

The pathological condition of the cogtiguous viscera could not be made out very satisfactorily, on account of the length of the period which had elapsed since death, and from the fact, that an antiseptic injection (chlor. of zinc) had been used, which destroys color, and coagulates albumen; there were, however, marks of chronic disease evident, in adhesions of the pleura and serous pericardium; there was also evidence of peritoneal inflammation.

After the heart had been hardened in alcohol, and cleanly washed of clots, I found imbedded in the external wall of the left ventricle a broken needle, with its point directed forwards towards the apex of the heart; it was much oxidized, and could not be moved from its position until the cyst containing it was split up. The broken end encroached upon the cavity of the ventricle, being actually contained in one of the columnæ carneæ; the needle was two inches in length, and a line in thickness, belonging to a variety called *worsted needles.*

Note.—I learn, through the politeness of Dr. Klapp, physician to the Moyamensing prison, that this man was admitted May 11th, 1847, in rather feeble health; but continued to work for more than a year before complaining of any inconvenience about his chest. When removed to the infirmary he had severe cough, with some slight constriction in breathing, and occasional palpitation. These symptoms, though never very urgent, continued until his death. Though never delirious, and able to answer questions to the last, he never spoke of having received any injury of the kind, and had never manifested any suicidal tendency.—*Med. Exam.*

Pathological Anatomy of Cholera.—*Autopsy of* 18 *cases*—By A. Hester, M. D.—*In the thorax*, the lungs were of a pink color, always collapsed, with the exception of three cases, where existed morbid changes anterior to death by cholera. The blood found in them was very dark. In six cases there was a good deal of mucous in the larger bronchi. The chambers of the heart were invariably dilated and filled with blood, the right auricle remarkably so. The vena cava likewise. In three cases, examined three hours after death, there were, on the external surface of the heart, several reddish spots somewhat resembling ecchymosis.

In the abdomen, the stomach was, in five cases, intensely inflamed, the mucous coat was soft, and had *le couleur de tie de vin*, and there was a quantity of fluid resembling the black vomit of yellow fever. In twelve cases the traces of inflammation were not so intense, and the fluids appeared of a yellowish-green color. The mucous tissue of the intestines was pulpy and thickened. In four cases there was evidence of violent inflammation, extending the whole length of the smaller intestines, and involving the ilio-cœcal valve. In nine cases this appearance was less evident. In five the mucous tissue was bleeched, anæemic, strongly contrasting with

the condition of the others. The glands of Brunner were plainly visible—those of Peyer were salient, pulpy, red and softened. The solitary glands were larger than natural, and easily distinguishable in the whole of the intestinal tube. In it there was to be found at times, a turbid, at times, a transparent, whitish fluid, with shreds floating in it, whiter than the fluid itself. This secretion was tested, and albumen was always found in it.

The Liver was in a few cases much engorged, in the majority, however, it was not so, and its appearance was healthy withal.

The Gall Bladder was always found distended with bile, and its ducts pervious to the air blown from the fundus of the bladder into the intestines.

In the Kidneys and Spleen there was no apparent change.

The Bladder was very much contracted. In three cases there was in it a few drachms of liquid closely resembling that found in the intestines.

The Veins within the abdomen were distended with dark blood.

The Brain appeared healthy—to the touch it seemed firm, even more so than usual. Its serous membranes felt very dry, pasty—it was even so in the thorax; it was so in the abdomen. The veins were in some instances much distended, sometimes not. In two cases there was some effusion in the lateral ventricles.

The Spinal Cord, as examined in sixteen of the cases, offered no remarkable change. However, in eight, air blown in the sub-arachnoidean space showed several distinct adhesions between the cord and its serous envelope. There was less sub-arachnoidean fluid than usual, in some cases it was almost wanting. In two cases there seemed to be a partial softening of the medulla, on a point corresponding with the 9th Dorsal Vertebra.—*New Orleans Med. Jour.*

Observations on Erysipelas.—By S. M. Tweed, M. D.—Dr. Tweed, in the Ohio Medical and Surgical Journal, has detailed the history and treatment of several cases of Erysipelas. He closes his observations by saying that—

From considerable experience and observation with regard to this malady, my own mind is strongly impressed with the truth of the following propositions:

1. That erysipelas is contagious—not to any considerable extent—but sufficiently so to entitle it to a classification with contagious diseases.

2. That long watching, grief, anxiety, and all the depressing passions, are predisposing causes.

3. That it has a certain course to run, and cannot be *cut short* by any local or general treatment whatever.

4. That a judicious course of medication will greatly mitigate the disease, and aid materially in conducting it to a favorable issue.

5. That a tonic or sustaining course, after the third or fourth

day of attack, is imperiously demanded: especially is this true of œdematous erysipelas.

6. That the local application of iodine, acetate of lead, sulphate of iron, nitrate of silver and linear blisters, has no power whatever in *arresting* the disease.

7. That scarification is a remedy of great value in mitigating the sufferings of the patient, by relieving the highly congested capillaries of the affected part.

8. That the application of cloths dipped in cold water is a measure of equal value for the accomplishment of the same purpose.

SURGERY.

AMPUTATION OF THE LEG.—*Patient aged* 102 *years.*—By R. JARROT, M. D.—Dr. Jarrot, in the Charleston Medical Journal for May, has reported a successful case of circular amputation below the knee for senile gangrene on a negro patient aged one hundred and two years. The patient died between six and seven weeks afterwards, with pleurisy. Before commencing the operation ether was administered, but it produced no effect. Chloroform was then tried. It produced the most striking evidence of intoxication, as if from alcoholic drinks. Dr. Jarrot appends the following remarks to the history of the case:—

The stump having nearly healed at the time of his death, my conviction is that the fatal issue is to be attributed solely to the pleuritic inflammation; his debilitated state may have enabled the pleuritis to act with greater energy, and hasted his death.

All the difficulty, with regard to the stump, resulted from the pressure of the adhesive plaster on the end of the tibia. Under similar circumstances I would make the line of union of the flaps perpendicular, and should employ sutures, for I have seen adhesive plaster productive of great inconvenience, and even of serious evil, producing inflammation, suppuration, &c. The practitioner, who has many of the minor surgical operations to perform, will recognize the soundness of the views contained in Dr. Wragg's paper on the use of sutures, published in this journal, November, 1848. I have been thus minute, and I fear tedious in reporting this case, believing that, from the extreme age of the patient, it would be regarded as one of interest. The annals of surgery, doubtless, furnish cases in abundance where serious operations have been performed on old subjects, but I do not remember one where the age of the patient exceeded a century.

CASE OF LITHOTOMY.—117 *Calculi, weighing four ounces, successfully removed.* By Professor PAUL F. EVE.—Mr. O'Bannon, in 1824, then aged eighteen, received a fall, by which his back was injured, and a difficulty in urinating produced, which

has continued to increase. For the past two years, in order to pass urine at all, he had to assume the horizontal position, and push up the bladder with his fingers in the rectum. When sitting on the edge of a chair, a sensation was felt as of crushing a ball of snow in the perineum. On the 6th of last January the following operation was performed, chloroform being first administered. After the patient was placed in the usual position for lithotomy, an incision, about three inches in length, was made over the tumor situated in the perineum, as for the lateral operation, except that it was upon the right instead of the left side. About 56 calculi were removed through this opening, and it was hoped the operation was completed; but upon introducing a female cathetet through the wound into the bladder, a second collection of stones was readily detected in this receptacle. A grooved sound was now passed through the urethra, and the double lithotome conducted by it into the bladder; the former was withdrawn, and the bi-lateral section completed, by drawing the latter instrument out somewhat in the line of the external incision made in the skin. With the lithotomy forceps repeatedly introduced, by conducting it upon the finger, 61 stones were extracted from the bladder. Through the opening in the perineum a quantity of pus was discharged. During the operation the rectum protruded in a large mass, so as to interfere with lowering the handle of the forceps to seize the calculi in the bladder. The patient also had violent and involuntary contractions of the abdominal muscles, and during the latter stage of the operation the chloroform was discontinued. It lasted one hour. He was so reduced by his long suffering, a period of 24 years and 4 months, that after the operation I took him like a child in my arms and carried him up a flight of stairs to his room.

On analizing the calculi, the presence of phosphate of lime, almost pure, was revealed. The chemical elements were 3 atoms of phosphoric acid, 8 of lime, and one of basic water. The whole number of calculi extracted was 117, of which the largest weighed 3 ij. and 38 grs.; the two next in size, each 78 grs. and the smallest 1 gr. furnishing an aggregate weight of ℥ ivss.

As usual with me, no dressing was applied to the wound, but the patient was requested to keep his knees together and to remain perfectly quiet. He took 40 drops of laudanum the night of the operation, and his diet was restricted to cold lemonade and flaxseed tea. He passed a pretty good night. Next morning some urine had even been already voided by the natural passage, notwithstanding the opening in the perineum. He has bathed himself in warm water; has now no fever, is quite cheerful, smokes his pipe, and has taken some soup, table tea and orange. Nothing but castile soap and warm water, several times daily, was afterwards applied to the wound.

On the 24th of January, i. e. the 8th day after he was disembarrassed of his numerous calculi, Mr. O'Bannon returned home, a distance of 22 miles. The wound had nearly healed. He is to use, as a tonic, small doses of sulphs. quinine and iron.

A month after the operation a special messenger reports him entirely well.—*South. Med. and Surg. Jour.*

Lacerated Wound of the Finger.—*Death.*—By S. Sergent. —The death from lacerated wound of the finger illustrates the fatal results which sometimes follow slight injuries. Owen Nevins, aged 48, applied for admission Jan. 13th 1849, with a lacerated wound of the little finger of the right hand, caused by its being caught between two barrels. He was put to bed, the hand and arm elevated on a splint and cold dressings applied. Inflammation, attended by a great deal of œdema, but with little heat or redness, extended up the hand and arm, and the wound presented a sloughy appearance. Suppuration was first detected on the back of the hand, and a free opening was made to discharge the pus. Counter-openings was made in the palm and afterwards in the arm. In the meantime his general symptoms became very threatening; his pulse was feeble and frequent, his tongue dry and brown, and although tonics and stimuli were freely given, his condition was not improved. The punctures made to evacuate the pus ulcerated, and sloughing of the cellular tissue took place. Shortly after he had three attacks of arterial hemorrhage from the ulcerated openings in the arm, in each of which he lost a considerable amount of blood. It was deemed improper to amputate in his enfeebled condition. He gradually sank, and died Feb. 3d.

Upon examination after death, all the organs were found pale, but healthy, with the exception of the spleen. The spleen was enlarged, softened down to a reddish pulp, and contained numerous deposits of pus.—*Med. Exam. for March.*

Report of two cases of Tracheotomy in Children. By Professor Howard.—On the 1st of August, 1848, Levi Goodman, aged seven years, was brought to me from Perry, Franklin County, Ohio, with a foreign body in the trachea One week previous to this date, while lying on the floor with a small pebble in his mouth, on taking a sudden inspiration, the pebble slipped into his larynx. Immediately symptoms of suffocation ensued, and threatened speedy dissolution; but fortunately the stone passed into the trachea, which gave instantaneous relief. The boy now experienced no inconvenience except on coughing or taking exercise, then the spasmodic respiratory efforts would force the stone against the cricoid cartilage, and backward again upon the bifurcation of the trachea with great violence. The patient was placed in a high chair, with his head thrown backward, and held firmly by assistants. An incision was made from the cricoid cartilage to the top of the sternum, through the integument—the thyroid veins being drawn aside, the dissection was continued till the trachea was exposed. Here a hook was inserted into the

cricoid cartilage, and drawn upwards by an assistant, for the purpose of tightening the windpipe to make it more prominent and manageable. A tenotomy knife was passed through the rings of the trachea at the lower part of the wound, and the section was completed by a small probe-pointed bistoury. As soon as the bistoury was withdrawn a convulsive cough expelled the pebble with great force. At the commencement of the operation the boy evinced great alarm from it, but as soon as the foreign body was expelled, he looked up in my face, and cried out indistinctly, "It didn't hurt me a bit." This would have been a strong fact in favor of ether, chloroform or mesmerism, if either had been used. The wound was drawn together firmly, as soon as hemorrhage ceased, by adhesive strips. Adhesion followed immediately, and the boy was perfectly well in three days.

Sept. 6th, 1849, Edmund C. Peel, aged 18 months, was brought to me from Madison Co. Ohio, on account of what was supposed to be a piece of the rind of a watermelon in the windpipe. On coughing, the concussion of the foreign body could be distinctly heard against the cricoid cartilage and tracheal bifurcation alternately. Tracheotomy was advised and consented to. The operation was attended with some difficulty, from the excessive struggling of the child, and the large amount of adipose tissue about the neck. It was completed, however, in about ten minutes, and a watermelon seed was removed from the trachea. The subsequent treatment was precisely similar to that adopted in case first, with the same results.

Remarks.—The principal difficulties in the way of tracheotomy in children are, 1st. the great depth and small size of the tracheal tube. In childhood it lies like a small whipcord, loosely embedded in the soft tissues, so that when sought it is extremely liable to elude the knife, which if carelessly and unskilfully used, will pass downward beside the trachea, and wound important parts. With ordinary care in the hands of him who possesses a sufficient amount of anatomical knowledge, such a mistake is inexcusable. 2d. The thyroid veins are directly in front of the trachea, and if wounded will afford troublesome hemorrhage, and *may* admit atmospheric air, and in this way destroy the patient. They should be drawn aside, and never cut. 3d. If the trachea is not divided to a sufficient extent, the body will not be ejected, and a search for it with probes and forceps to facilitate its expulsion, is worse than fruitless. There should be a free division of the tracheal rings, avoiding of course the isthmus of the thyroid gland, and the foreign body will be spontaneously expelled, almost without an exception.—*Ohio Med. Surg. Jour.*

Gunshot Wound.—*Ball in the hip thirteen months.*—By Prof. G. Kimball.—George Church, a soldier of the Massachusetts Regiment, during the late campaign in Mexico was shot down in the battle of Molino del Rey, on the 28th of September, 1847. He was

taken into hospital the evening of the same day, and fell under the charge of one of the chief surgeons, Dr. Satterlee. It was found, upon examination, that a wound had been received in the hip—that a musket ball had entered just anterior to the great trochanter, and made its way, apparently upward and forward, towards the anterior superior spinous process of the ileum. Attempts were immediately made to extract it, but they were unsuccessful. The wound healed very slowly, and it was not till nearly the end of five months that he was able to leave the hospital. He then returned home to Massachusetts, and gradually became so far restored as to be able to engage moderately in the common duties of farming. In the course of a few months after this, some ten months from the date of the wound, he was seized with a violent paroxysm of epilepsy. Three weeks after he was seized with another, still more violent; and thus they continued returning at intervals of every two or three weeks, till the latter part of October, 1848, when, at the suggestion of Dr. Guiteau, of Lee, his attending physician, he came to Pittsfield for the benefit of a surgical consultation. The result of this consultation was an unanimous conclusion that the epilepsy had been induced by the wound in the hip; that a ball or some other foreign body, lodged there at the time the wound was received, was implicating some important nerve, and an operation, with the view of its dislodgment, afforded the most reasonable chance of relief. This operation, however, was not pressed with much earnestness. The efforts of the army surgeon, to the same end, had proved abortive in the first instance; and the present circumstances of the case certainly gave no very flattering assurance that a second attempt would be more successful. However, the proposition was readily embraced by the patient, and the operation accordingly performed on the 28th of October.

A fistulous opening, sufficient to admit a common-sized probe, indicated the original course of the wound, to the extent of some three inches, and in a direction, as before stated, towards the anterior superior spinous process of the ileum. As a most critical examination of the parts had hitherto afforded no idea of even the probable location of the ball, it was thought best to endeavor to reach it by tracing, if possible, this fistula through its entire course. A grooved probe was accordingly introduced, and pushed forward till it came in contact with the surface of the ileum. Upon this, a straight bistoury was introduced to the same extent, and the fistula, thus far, laid freely open. Its further continuation and direction were now detected, though with difficulty, from its course having been so entirely changed. A long probe being introduced into this new branch of the fistula, it was made to pass some eight inches backwards and downwards, making its way along the surface of the bone, just under the crest of the ileum, till it reached the ischiatic notch, when it fell directly upon the ball, which was situated, it would seem, very near to, if not in contact with the sciatic nerve. An at-

tempt was now made to bring into service the ball forceps; but the length, the narrowness and unyielding callous walls of the fistula, rendered them quite useless. It seemed necessary, therefore, to lay open this passage still further, and it was accordingly done to the extent of some five inches. Again the forceps was introduced, the ball readily laid hold of, and a good deal of force applied; still it refused to yield. A bistoury was now passed into the bottom of the fistula, and the callous tissue immediately embracing the ball carefully divided at several points, so that, upon a third application of the forceps, it was brought away with comparatively little force.

This operation, undertaken with a good deal of reluctance, and, in view of the circumstances of the case, with serious misgivings as to its success, has been most satisfactory and gratifying in its results. From the day it was performed to the present time there has been no return of epilepsy; and the patient's health, which had previously been most seriously impaired, has now become so far restored as to make it safe to pronounce him perfectly well.—*Bos. Med. and Sur. Jour.*

Death from a Foreign Body Cutting from the Pharynx into the Larynx, by Prof. P. F. Eve, M. D.—On Saturday, 15th June last, a colored boy, aged nine years, while taking beef-soup had a piece of bone stick fast in the throat. Efforts were immediately made by the family to dislodge it, and these were subsequently directed by two skilful physicians of the village where the accident occurred. The means employed consisted of emetics, the forceps, probang, &c. These attempts having been unsuccessfully renewed the next morning, the little patient was sent, with his mother, to me, a distance of twenty five miles. They arrived at my office at 4, P. M. being about twenty-eight hours after the foreign body was arrested in its passage to the stomach.

At this time there was considerable hoarseness, besides the difficulty of deglutition. The patient had slept some the previous night, and had also swallowed a little water since the efforts made to relieve him. His mother said the foreign body could be felt by the tip of the finger while the mouth was forcibly opened—at least so she had been informed by the physicians. There was now no cough, neither had there been at any time. By thrusting the fore and middle finger deep into the pharynx, the sharp, rough, projecting edge of a piece of bone was reached, but which occasioned an instantaneous and spasmodic action in the muscles of the part, but which excited no cough. The forceps, and other instruments were now directed against this foreign substance, and it was supposed to have been seized more than once; but after an hour's persevering endeavour to remove it, the case was abandoned for the present. It was only while the patient was firmly held, and the mouth forcibly opened, (for he was too young to be persuaded to submit quietly,) that these attempts for its extraction could be made.

After these latter efforts the patient never swallowed, not even iced water, and his respiration became more and more embarrassed. He passed a bad night, and seemed much exhausted the next morning. Indeed, it soon became apparent, that without relief he could not long survive. Drs. Newton, H. F. and R. Campbell, and Dr. Barry saw the patient at 12, M. and I was engaged in carrying out our decisions—viz. to make one more attempt to extract the bone, and should that prove, like the others, unsuccessful, then to open the pharynx—he expired. A new pair of forceps had only been directed to the foreign body when he breathed his last. The larynx was now laid open, and a silver tube introduced into it encountered something foreign. Tracheotomy was next performed and artificial respiration attempted for half an hour. The heart continued to act, but respiration was not re-established.

Death having thus occurred, the wind-pipe was freely exposed, when a piece of bone was found projecting into the larynx below the rima glottidis, and extending thence through its posterior wall into the pharynx. It was the outer lamina, thin, sharp, having jagged edges, and of an oblong shape. It measures one inch by half an inch. The irregular, serrated edges, particularly on one side, explains the difficulty in removing this foreign substance; and its thin, sharp extremities, the facility with which it cut its passage from the pharynx into the larynx. Did not the means employed produce or promote the entrance of this foreign body into the wind-pipe? He evidently died from exhaustion, the result of the treatment pursued in the case, and the interference to respiration by the presence of the bone in the larynx.—*South. Med. Surg. Jour.*

MIDWIFERY.

Remarkable Case of Extra-Uterine Pregnancy. By F. H. Gordon, M. D.—The patient, a negro woman, was taken with symptoms of labor about the middle of June, 1848; Dr. White was called to attend her. Examination proved that she was in labor, about six months advanced in utero-gestation; and that a body of considerable size was in the pelvis, between the vagina and rectum, on which the pregnant womb pressed with considerable force. Careful investigation satisfied Dr. White that the tumor in the pelvis was an extra-uterine fœtus, and that it so completely blocked up the pelvis as to render the delivery of the normal child impossible, unless by a previous operation and extraction of the abnormal tumor. He ordered quietude, gentle laxatives, and morphia so repeated as to keep down the action of the uterus.

On the 16th of July, Dr. B. R. Owen and myself visited the patent with Dr. White. She still suffered of some paroxysmal action of the womb, which had returned almost daily since Dr. White's first visit. The portion of the tumor, which might be taken for the feet, presented down against the perineum, and the head

reached up to the posterior part of the superior strait. Between the head and pubis there was not more than one and a-half or two inches space. With difficulty the finger could be passed up here to the womb, the mouth of which was resting on the head of the extra-uterine fœtus. We fully concurred with Dr. White, and advised an operation to be performed at the seventh month, or as soon as the energetic labor might require it.

While the persons interested were making up their minds on the subject of an operation, active labor set in. On the 20th July, Dr. W. W. Blythe, Dr. Owen and myself obeyed the summons of Dr. White. The labor was violent, the liquor amnii having been discharged. Dr. Blythe believing, like the rest, that the woman must soon perish in the absence of surgical aid, the operation was performed by the three named practitioners and myself, by candle-light.

An incision was made with a sharp pointed scalpel (wrapped within an inch of its point) by carrying it upon the left index finger an inch and a half above the middle space between the neck of the womb and perineum. Its edge being turned downward, *an incision was made quite through the posterior wall of the vagina, in the middle line, downward for about three inches.* The fœtus could now be felt, but no evidence could be obtained as to its connexions with the mother; nor could the finger raise it from its position. The fœtus having performed an evolution since the 16th, and its head now being at the perineum, obstetrical and other forceps were applied, and repeated efforts made to extract, but to no purpose. The blunt hook, vectis, perforator, and lastly, a common gimblet were successively used without effect.

The incision was now extended half an inch both upward and downward, making it four inches. During each paroxysm of the womb, the tumor was pressed firmly down against the perineum; and advantage was taken of this circumstance.

The right index finger was passed into the rectum, while the left was carried through the wound, and by applying the fingers like the blades of forceps on either side of the neck of the fœtus, it was raised from its bed into the vagina, just as a paroxysm was coming on, and the violent efforts of the womb instantly expelled it beyond the vulva.

The nature of the attachments which had so long delayed the extraction was now revealed. Three ligaments, in a state of tension, were seen extending from as many points of the fœtus towards the upper and posterior part of the pelvis. One of them had the appearance of the remains of the umbilical cord, being rather tendinous; the othe rtwo were fleshy, and covered by the smooth peritoneum. These ligaments being so much on the stretch, held the fœtus firmly against the vulva, and blocked it up so as to prevent further exploration till they were divided. A tape ligature was passed around each of the fleshy ligaments at their fœtal extremities, and they were divided. By holding the tape with the

left hand, the right was passed along the ligaments through the incision; and it was ascertained that these ligaments, which were nearly round at their fœtal ends, became flat and widened backwards till they united to form a fleshy feeling mass about five inches in diameter and one and a half inches thick. It was attached to the posterior wall of the pelvis, at, or above the superior strait, nearest the right side, with its base transverse. The atrophied umbilical cord was also attached to this mass.

To avoid the hemorrhage and inflammation which would likely follow the extirpation of this fleshy mass, it was left undisturbed. The tapes were removed from the ends of the ligaments, and from their having been for sometime strangulated, they bled but little, and were returned through the incision. No means were required to retain the lips of the wound in apposition.

The labor ceased as soon as the operation was completed. Gentle laxatives and quietude were prescribed, and the patient was left to await nature's efforts. On the 22d, 10 o'clock, A. M., the pains returned, and in less than two hours the child was born and complete delivery accomplished by natural and easy labor. The child lived only three hours. No untoward symptoms presented; no hemorrhage—no great prostration. The child passed through the pelvis without injury to the wound, or any hindrance from the fleshy mass. Two hours after delivery, the hand in the vagina ascertained that the fleshy mass had receded upward so as not to be in reach, and that there was no unusual heat in the wound.

The incision healed by the first intention, and the patient recovered as rapidly as is common after ordinary labors. She is now (25th August) apparently in perfect health; and has been performing active manual labor for more than two weeks.

The extra-uterine fœtus, as is usual in such instances, is not well formed. The frontal, parietal, and occipital bones of the cranium, the scapulæ, innominata, one fore arm and one leg are tolerably well formed. The other parts are ill defined or irregularly shaped. The hair is plain upon the head. The whole fœtus is an agglutinated cartilaginous and osseous mass, covered by a smooth glistening, serous-like skin. Its dimensions are: from vertex to forehead $2\frac{3}{4}$ inches; biparietal diameter $2\frac{1}{2}$ inches; from shoulder joint to shoulder joint 2 inches; from vertex to termination of the coccyx 5 inches.

The following is the history of the case as given by the patient, the family and others. About twelve years and two months previous to the operation, that is in May 1836, the woman became pregnant. Soon afterwards her attention was called to a *stinging* sensation in the right iliac fossa, about one inch from the anterior superior spinous process of the ilium. Here a tumor was soon perceived about the size of a plum. It enlarged, and the stinging became absolute pain, to the seventh month of gestation, when it ceased to grow. From the fourth to the seventh month the fœtus in the womb was frequently felt to move; but from this time its

motions ceased, and it was believed dead. The abdomen became tensely swollen, and the woman's health rapidly declined. She was ultimately delivered of a still born child; but the tumor in the side remained stationary in size and proportion.

The patient's health now improved, and she gave birth to a healthy child in the spring of 1838. Since that time she has been delivered of four other children. The tumor remained permanent in the right side, giving occasional pain or uneasiness, till about the period of quickening with the 6th child, that is, about three months previous to the operation, and nearly twelve years from its conception, when it descended into the pelvis. From its new location, it caused much constitutional disturbance, frequent efforts at abortion, and an inability to evacuate the bowels, otherwise than by the patient's passing the finger into the vagina and holding up the tumor, so as to remove the pressure from the rectum.

She has now fourteen living children; nine of which were born previous to the exta-uterine conception, and five since. Add to these the still born child, the one born on the 22d July last, and the extra-uterine fœtus now in this town, making in all seventeen. The woman is forty-one years old, and her health is apparently good enough for her still to give birth to several more children."—*West. Jour. of Med. & Surg. for Oct. p.* 277.

ADVANTAGE OF TYING THE UMBILICAL CORD BEFORE DELIVERING THE HEAD AFTER TURNING. By J. S. UNZICKER, M. D.—I was sent for by a midwife to see Mrs. A——, aged 34 years, and in labor with her second child, at 6 o'clock in the evening. Pains continued at regular intervals, with presentation of the right arm and face, the liquor amnii having already escaped at 5 o'clock that morning. I concluded at once to turn according to Dr. Wehn's method. Placing the woman, therefore, in the knee and elbow position, the actual labor pains ceased, but after introducing the hand, although the foot was more easily found than in turning after the old method, a great difficulty existed in turning, on account of the uterus being firmly contracted around the child, and not a particle of liquor amnii present; but by careful manipulation, I succeeded at last in overcoming this tonic contraction of the uterus, and brought down the foot.

The woman being then placed on her back again, the regular pains returned, and as soon as the umbilicus came within reach, I ordered the midwife to tie the cord; and although the delivery of the head was delayed some time, the child was born alive.

This is the second case I have had within a short time, in which I resorted to the above method with success, and hope that in future hundreds of children may be saved by this valuable discovery of Dr. Wehn's, which before were sacrificed through partial compression of the cord and consequent venous congestion.—*Western Lancet.*

On the Origin of Moles (*Germen Falsum.*) By Dr. Lipscomb.—My object on the present occasion is to call the attention of the profession to the very frequent occurrence of moles in connection with *protracted lactation.* Can it be a mere coincidence of circumstances? I think not. It is freely admitted that we sometimes meet with them under other and different circumstances, yet if my observation is correct, a very large majority of the cases occur in connection with, and as I believe, under the influence of unnecessarily prolonged nursing. To illustrate my precise meaning: A woman gives birth to a child which she nurses for ten or twelve months, and during this period the secretion of milk exerts so potent an influence on the uterus that the catamenia does not appear. But if I may be allowed the expression, the uterus refuses to remain dormant any longer, and the menstrual flux once more occurs with its wonted periodicity.—The nursing is continued, and often continued for no other purpose than the prevention of conception; but the object is in part frustrated, for under these circumstances conception does frequently take place. And I may ask how very often does conception under such circumstances prove an imperfect, blighted, or false conception? Might we not anticipate such a result; for although it may still be alleged that conception does not take place in the uterus, yet all perhaps agree that a vigorous and healthy condition of that organ is generally a necessary pre-requisite to the developement of a healthy fœtus. And I think this necessity is proved to be more apparent since the publication of Tracts on Generation, by Professor Bischoff, of Giessen, by whose experiments the old doctrine of ovarian conception is seriously invalidated, if not positively overthrown. You are doubtless aware that his experiments led him irresistibly to the conclusion that the mature ovum is discharged into the uterus at every menstrual period, and during its stay in that cavity is fecundated by the seminal fluid of the male. The strong and intimate sympathetic influence which continually plays between the uterus and the mammary glands, and *vice versa*, is well known. How frequently do we discover a deterioration of the mother's milk by its effect upon the health of her offspring, simultaneously with the recurrance of the catamenia. We have all witnessed this.

In a period of eighteen years, during which time I have been engaged in the practice of medicine, quite a considerable number of cases of mole, or false conception, have fallen under my observation; and without hesitation I assert that a large majority of the whole number have occurred in females who continued to nurse their children after the reëstablishment of the catamenia, and in whom this function was not reëstablished for ten or twelve months after the birth of their children. I have recently solicited the opinion of several of my medical friends whose opportunities for observing have been quite ample. Some of them are satisfied of the correctness of my opinion; others have not paid sufficient attention to the attendant circumstances of their cases to speak definitely on the subject.—*West. Jour. Med. Surg.*

Death During Labor, by Dr. Brickell.—Mary Morris, native of Ireland, æt. 19 years, quite robust, first pregnancy, entered Obstetric Ward, Charity Hospital, N. O. Jan. 22, 1849.

March 2d.—Labor commenced; was directed in the afternoon to lie quietly in bed, though matters seemed to progress very slowly. Had been quite well since January 22d, with the exception of slight soar throat about the 25th February.

At 3 o'clock on the morning of the 3d March the ward pupil was summoned to her bedside; he found labor apparently progressing rapidly; water evacuated, &c. &c. In a few minutes after his arrival, however, she was seized with violent convulsions, and expired directly. No attempt was made to save the child, either by section or turning.

11 o'clock, A. M. March 3d.—Was present at the post-mortem examination of the above patient. The face of the subject was quite livid; the tongue protruding slightly between the teeth; and bloody froth issuing from the mouth and nose. The womb was found pretty firmly contracted upon the fœtus—considerable left lateral obliquity—os uteri quite flaccid, about two or three lines in thickness, and dilated to about the size of half-a-dollar. On cutting into the cavity of the uterus the amnion was found deeply stained by the meconium, which had been forced from the fœtus in large quantities. The vertex of the child was presenting in a fair 1st position; the placenta was found attached to the left side of the fundus uteri, and, on detaching a portion of it a distinct and entire membrane was found interposed between it and the walls of the uterus.

I did not wait to see the autopsy completed, but am informed by two gentlemen who were present, that the only appreciable lesion was complete congestion of the right lung.

MISCELLANEA.

Report of the Medical Council of the Board of Health on Cholera.—The following report of the Medical Council of the Sanitary Committee of the Board of Health is so admirably adapted to the end designed, that we feel constrained to present it to our readers. It has afforded us much pleasure to witness, from time to time, the warm and decided interest manifested by the Medical Council for the public weal:

New-York, June 5, 1849.

In reporting to the Sanitary Committee in relation to the cholera at present prevailing in our city, the undersigned are happy to state that, although the disease is gradually extending among us, yet in its general character it is much milder than it was when it visited this city in 1832; that it seems more under the control of remedies; and that the proportion of deaths is smaller. These facts are consoling, and should excite in the hearts of our citizens the liveliest feelings of gratitude to a kind Providence.

The undersigned would also state, that whatever opinions may be entertained in relation to the abstract question, as to whether the cholera is or is not a contagious disease, no evidence has appeared, thus far, that the disease at present prevailing in our city has, in a single case, been produced by contagion; on the contrary, everything connected with its history proves that its origin and diffusion have been dependent upon causes entirely different. The simultaneous occurrence of cases in different and distant parts of the city, between whom no sort of communication could be traced, and the immunity enjoyed by those holding constant intercourse with the sick in our Cholera Hospital, are facts which establish this point beyond the possibility of dispute. In not a single case, as yet, have either physician, nurse, or visitor of our Cholera Hospital been known to contract the disease. These facts should dispel entirely from the minds of our citizens all fear in attending their friends and relations who may be attacked with the disease, and at the same time dissipate whatever apprehensions may hitherto have existed in the public mind in relation to the establishment of Cholera Hospitals in any part of our city, when called for by the demands of necessity and humanity.

The undersigned believe that the *cause* of the disease exists in the atmosphere, and that the whole community are at present more or less under the influence of this peculiar condition of the atmosphere—and in this way *predisposed* to the disease. To develope the disease, however, *exciting causes* are necessary, and these are to be found in all those things which have a tendency to disorder the bowels. With regard to the peculiar condition of the atmosphere which predisposes to the disease, we know nothing. Human skill and agency, therefore, can do nothing in meeting this difficulty. The exciting causes, on the contrary, are in a great measure under our control, and by properly guarding against these, much, very much may be done in obviating the development and extension of the disease.

John B. Beck, M. D.
Joseph M. Smith, M.D. } *Medical Counsel.*
Sam'l W. Moore, M. D.

Seth Geer, M. D. *Resident Physician.*
Rich. L. Morris, M. D. *Health Commissioner.*

National Convention for Reviving the Pharmacopæia of the United States.—The Convention for reviving the Pharmacopœia, which met in Washington, in January 1840, adopted the following resolutions:

"1st. The President of this Convention shall, on the first day of May, 1849, issue a notice, requesting the several *Incorporated State Medical Societies*, the *incorporated Medical Colleges*, the *incorporated Colleges of Physicians and Surgeons*, and the *incorporated*

Colleges of Pharmacy, throughout the United States, to elect a number of delegates, not exceeding three, to attend a General Convention, to be held at Washington, on the first Monday in May, 1850.

"2nd. The several incorporated bodies, thus addressed, shall also be requested by the President to submit the Pharmacopœia to a careful revision, and to transmit the result of their labors, through their delegates, or through some other channel, to the next convention.

"3rd. The several medical and pharmaceutical bodies shall be further requested to transmit to the President of the Convention the names and residences of their respective delegates, as soon as they shall have been appointed, a list of whom shall be publised under his authority, for the information of the medical public, in the newspapers and medical journals, in the month of March, 1850.

"4th. In the event of the death, resignation, or inability to act of the President of the Convention, the duties shall devolve on the Vice-President, and, should the Vice-President be prevented from serving, upon the Secretary or Assistant-Secretary, the latter acting in the event of the inability of the former."

In compliance with the foregoing resolutions, the undersigned having been informed by the President of the late Convention, Dr. Lewis Condict, that he would be unable, from indisposition, to perform the duty assigned to him, gives notice to the several medical and pharmaceutical bodies enumerated in the first resolution, that a Convention for reviving the National Pharmacopœia will meet in the city of Washington, on the first Monday in May, 1850. The undersigned also requests of the several bodies referred to, that they will fulfil the wishes of the Convention, as set forth in the second resolution; and, further, that they will transmit to his address, on or before the first of March next, the names and residences of the delegates whom they may appoint, in order that a list of them may be published, as directed in the third resolution.

GEO. B. WOOD, M. D.
Vice-President of the Convention of 1840.

Philadelphia, May 1st 1849.

ST. LOUIS MEDICAL AND SURGICAL JOURNAL.—We most cheerfully copy the following from the Western Lancet. At the same time we cannot refrain from expressing our deep and sincere regret that the circumstances which renders it necessary have occurred:

St. Louis, May 21st, 1849.

GENTLEMEN:—Will you be good enough to state in the next number of your Journal that during the late destructive fire which well nigh consumed our entire city, the office at which the St. Louis Medical and Surgical Journal was printed, was destroyed, and with it all the type, manuscript, back numbers and other material of the Journal. The next number was to have been issued in a

few days. At present every thing is in confusion, but as soon as we have an opportunity of looking around, other arrangements will be made, and the work commenced again with as little delay as possible; in the mean time we take this method of informing our readers of the cause of our suspension, and to bespeak their kindly indulgence. We would also be gratified if other Journals would make the same announcement.

With sentiments of respect and esteem, I am,
Gentlemen, your obedient servant,
W. M. McPheeters.

OBITUARY.

Death of Dr. James Macdonald.—Died on the 5th of May last, at Flushing, Long Island, Dr. James Macdonald, aged 45 years.

[The Resolutions of condolence passed by the New-York Medical and Surgical Society are necessarily postponed, in order to give place to the following eulogy, read before the Society. By Dr. John A. Swett.—*Ed. N. Y. Jour. Med.*]

Mr. President and Gentlemen:

We have been called upon for the first time since the organization of our Society, to record the death of one of our associates. During a period of fourteen years we have enjoyed a singular immunity: while severe sickness has fallen upon some in our circle, and many doubts and anxieties have been awakened as to the issue, yet we have all escaped the final blow until the recent and unexpected loss of one of our most valued associates has at length broken the bond that united us.

The richest legacy which a good man can leave behind him is the memory of his life; to his family, no accumulation of the gifts of fortune can equal this bequest; to his friends, no monument is more enduring or beautiful; to his professional associates, no record of professional labor is more valuable. The recollections of our deceased friend and brother, are full of interest and of consolation to all who knew him. In his domestic relations in society, and in the ranks of the profession, he filled the measure of usefulness and honor. In the prime of life, with the faculties of his mind fully developed by study and observation, rich in the gifts of the heart, a truly generous and noble nature, uniting great dignity and affability of manner; he was equally conspicuous and admired in the public and the social relations of life, equally trusted and appreciated by those who required his services, and by the profession which was honored and elevated by his example.

Dr. James Macdonald was descended from the Scottish Clan of Macdonald, a name which has become historical in the annals of the past century, both for the exhibition of the highest moral worth and the most distinguished public services. His father, Dr. Archibald Macdonald, emigrated to America in childhood, where he studied the profession of medicine. After practicing as a surgeon in

the British army, he finally settled at White Plains, in this state, where he continued the practice of his profession with distinguished success until his death, in the year 1813.

James Macdonald, at the time of the death of his father, was only thirteen years of age, but his education was carefully superintended by an excellent and devoted mother. It was intended that he should follow a mercantile pursuit; but his early predilections carried him, in opposition to the wishes of nearly all his friends, into the profession of medicine.

In the year 1821 he commenced the study of his profession in his native village, but afterwards entered the office of the late Dr. Hosack, of this city. He received the degree of Doctor of Medicine from the College of Physicians and Surgeons in New-York in the year 1825.

At this time the office of Resident Physician of the Bloomingdale Asylum was vacant, then a subordinate situation, usually occupied by a young member of the profession, acting under the direction of the visiting physician, who was a practitioner in the city, and who visited the Institution at stated intervals. Dr. Macdonald at once applied for the situation, and although just entering the ranks of the profession, without experience, and without many friends, his frankness and intelligence made so favorable an impression on the Governors of the Institution, that he received the appointment, although actively opposed by two rival candidates, supported by powerful friends.

This flattering success fixed the future direction of Dr. Macdonald's studies, to which his excellent qualities so eminently adapted him. He entered upon the study of mental diseases with great enthusiasm, and so great was the confidence reposed in him, that the medical responsibility of the Institution was soon almost wholly in his hands. He continued to discharge his responsible duties with the greatest fidelity and success until the year 1830, when he resigned and commenced the practice of his profession in this city.

His separation, however, from the Institution in which his professional career had commenced, so honorably to himself, was but temporary; the following year the Governors of the Hospital proposed to send him abroad, for the purpose of visiting the asylums for the insane in Europe, that such improvements might be introduced into the Institution at Bloomingdale as the visit might suggest, and with the intention of placing him at the head of that institution after his return.

He sailed for England in June, 1831, and remained abroad about sixteen months. During this period he visited the different asylums for the insane in England and on the Continent, devoting his time almost exclusively to the great objects of his voyage. On his return he entered at once upon his duties as physician to the Bloomingdale Institution, and assumed the whole medical responsibility connected with its management. Eminently qualified by natural gifts, with a considerable share of personal experience

before leaving home on his mission, full of zeal and of tact in the acquisition of such knowledge as is really practical, it will easily be understood that Dr. Macdonald entered upon his new duties, not only qualified to discharge them with the greatest success, but that he was destined to a still higher honor, that of becoming an authority and a counsellor to his profession; and such was the natural consequence of his position and of his acquirements, he was soon regarded, not only as the excellent physician of a large public institution, but as the first authority on mental diseases within the reach of his medical brethren in this city—at this time, indeed, his engagements did not allow him the liberty of a consultation practice, but in later life his reputation established at Bloomingdale was not forgotten.

In the year 1837, Dr. Macdonald, having fulfilled his engagements with the Governors of the Bloomingdale Asylum resigned his situation in that institution, much to the regret of all connected with it. The Governors, in accepting his resignation, expressed to him "the gratification they felt at the great success which for many years had attended his treatment of the insane patients, and assured him that they held in just estimation the amiable and gentlemanly deportment which had always characterised him during their long intercourse."

Immediately after leaving the Bloomingdale Asylum Dr. Macdonald re-commenced the general practice of his profession in this city, and in May, the following year, was married to Miss Eliza H. Miller, daughter of Sylvanus Miller, Esq.; the same year he was elected one of the Attending Physicians of the New-York Hospital.

Although now favourably situated for the general practice of his profession, yet the long direction of his mind to that department for which he was so eminently qualified, did not allow him to remain satisfied with a different sphere of action. A long cherished design of establishing, in connection with his brother, Mr. Allan Macdonald, a private institution for the insane, was carried into execution after an interval of about three years. For this purpose two houses, agreeably situated on Murray Hill, in the suburbs of the city, were selected, but the rapid spread of our population soon rendered this situation no longer available. Fortunately, an excellent opportunity for a change of residence soon presented itself. The elegant and spacious mansion of the late Chancellor Sandford, at Flushing, was purchased, and in May, 1846, the Institution was permanently located in this new situation.

Since this period, gentlemen, we have enjoyed the annual pleasure of a visit to the institution, at one of the regular meetings of the Society—year after year we have watched the progress of those improvements which have at length rendered Sandford Hall probably the finest private asylum in the country, and, perhaps equal to any in the world. In addition to the natural advantages of the situation, the original erection of the building could hardly have been better adapted to the purposes to which it was after-

wards to be applied. What the hand of chance first so well erected, the hand of skill and of good taste soon admirably adapted. Beauty, neatness, comfort, threw their enchanting influences over the spot and left nothing to be desired.

In this Institution, so admirably adapted to its object, Dr. Macdonald now seemed permanently established. No one could doubt its success, and a long career of usefulness seemed promised to the auspicious enterprise. But such was not the decree of Providence.

The symptoms of an ordinary bronchities had effected Dr. Macdonald during the month of April last, but his general health was not affected, and his spirits were excellent. On the morning of the first of May he was suddenly attacked by a chill, which was soon followed by symptoms of pleuritis,—no alarm was felt for his situation until the third day, when he was visited by Dr. Buck, and on the succeeding day by Dr. Johnston. On the fourth day his physicians thought him free from danger, but on the following day the symptoms again assumed an unfavorable aspect. Dr. Macdonald himself expressed the opinion, with gentle firmness, to his wife, that he should not recover. He said that, but for her sake and that of his children, he would choose death rather than life,—that he was resigned to either event, having long endeavored to keep the idea of his death constantly in view. He enjoined upon his wife a religious education for his children, and begged her to cherish in their hearts the thought of their father. On the following day mental hallucinations, which had been occasionally present in slight degrees, became more decided, and he, who had so often combated them in others, now felt their influence. Death was evidently near at hand. Extreme restlessness ensued, with a constant desire to get up, and then immediately to return to bed. Death indeed occurred while making one effort to rise, and, as was said "to return home."

A post-mortem examination revealed the existence of a double pneumonia with pleuritis.

On Tuesday, the 8th of May, the funeral took place. Considering the very unfavorable state of the weather, the attendance was large, both from the city and the neighborhood. The sad interest felt in the event by the inhabitants of Flushing was exhibited by the closing of the stores, and by the sorrow depicted on every countenance. The domestics in Dr. Macdonald's employment piously decked the coffin with flowers, and, with tears, insisted on bearing the body to the grave. Many of our most eminent physicians and most distinguished men surrounded the grave as the last rites of sepulture were performed, and many more were at least present in thought and feeling who could not enjoy the melancholy satisfaction of assisting at the last sad offices of friendship and respect.

As a member of this society, Dr. Macdonald was unsurpassed in his interest for its welfare and prosperity. During his membership

he communicated several valuable papers on mental diseases, and often interested us by the detail of important cases. He was evidently looked upon by us all as our authority in his special department of the profession. In January, 1843, he was elected as our President, and all will remember the urbanity with which he presided at our meetings. After his removal from the city he still continued to exhibit his interest in our meetings, by an attendance more regular than could have been expected from one who lived so far from us. On many an evening his cheerful voice would greet us, and every year his open hospitality received us. Our visit to Flushing was always looked forward to by us as a holiday, and, amid the flowers and fruits of the summer season, our professional cases and duties seemed to occupy a secondary place.

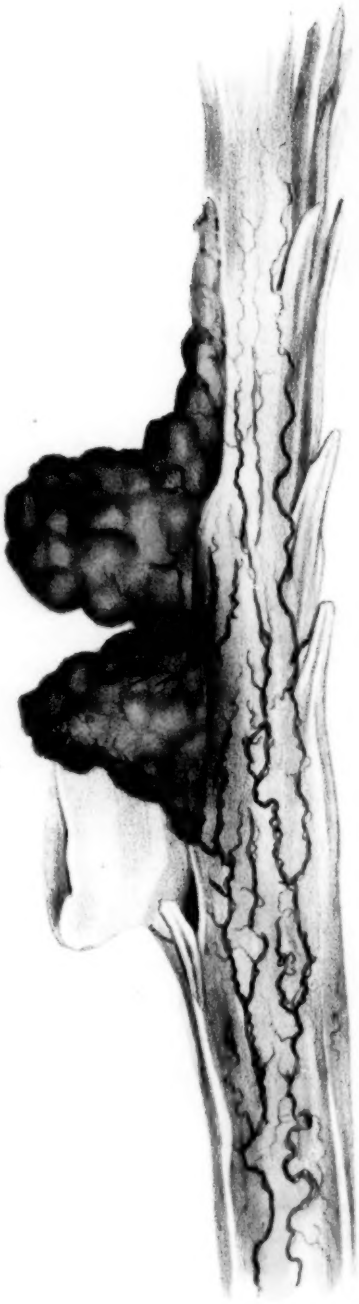
In establishing a private asylum for the insane Dr. Macdonald did not forget the unfortunate poor, but still extended to them the benefit of his experience and advice. As early as the year 1834, when the Corporation of this city were about erecting a public asylum for the insane at Blackwell's Island, he furnished plans for the buildings, and prepared, for their use, an essay on the construction and management of hospitals for the insane. In the year 1847 he was appointed one of the visiting physicians of the asylum at Blackwell's Island, and labored diligently to improve its condition. It was especially by his exertions that a library of about 1,200 volumes was collected for the use of the Institution.

It was the happy union of the many excellent qualities that constituted the great charms of Dr. Macdonald's character. His intellectual powers were solid, rather than brilliant, but fully capable of sustaining him in the difficult investigations connected with his peculiar branch of study. His mind was practical and more decided to what was useful than to what was new and striking. He was alive, however, to all the great medical improvements of the day. His opinion was always respected, but his advice still more valued; for every one who knew him felt that the highest object of his ambition was to do good and to improve the condition of those committed to his charge. His moral qualities have seldom been surpassed. Pure and high minded in all the relations of life, devoted to his duties, frank and cordial in his professional intercourse, unpretending in his opinions, always ready to communicate what he knew, and to listen with respect to the sentiments of others, he walked among us without an enemy; professional jealousies did not reach him,—his success was regarded as a public benefit, and adding new honor to the profession he adorned. Cut off in the prime of life, and when just entering upon a new field of exertion for the benefit of his fellow men, with a young family growing up about him, and needing his care; surrounded by friends who honored him—with so much to live for—we could hardly realise his abrupt departure from life. But his example is left to us, and a feeling of pride mingles with our sorrow as, we remember his honorable career.

Fig. I.

CANCER OF THE SPINAL CORD,
ANTERIOR VIEW.

Fig. II.



CANCER OF THE SPINAL CORD.
SIDE VIEW.